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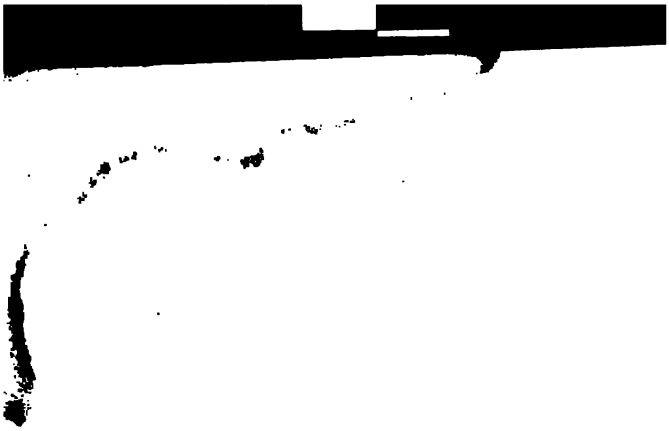
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STATE OF NEW YORK

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SECOND ANNUAL REPORT

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1890

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GOODWIN BROWN, - - - - - } *Commissioners.*
HENRY A. REEVES, - - - -

T. E. MCGARR, *Secretary.* | C. F. SMITH, *Stenographer.*

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JANUARY 26, 1891.

STATE COMMISSION IN LUNACY.

SECOND ANNUAL REPORT.

STATE OF NEW YORK:

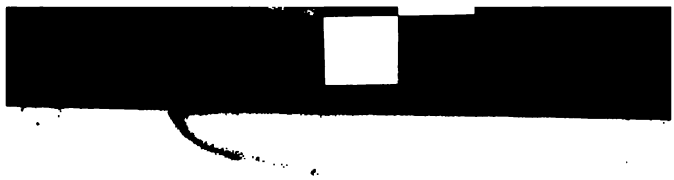
STATE COMMISSION IN LUNACY,
ALBANY, *January* 26, 1891.

To the Speaker of the Assembly:

By direction of the Commission, I have the honor to transmit herewith the annual report of the State Commission in Lunacy for 1890.

T. E. McGARR,
Secretary.

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REPORT.

STATE OF NEW YORK:

STATE COMMISSION IN LUNACY,
ALBANY, *January* 26, 1891.

To the Legislature:

Pursuant to the provisions of law, the State Commission in Lunacy hereby presents its annual report for the year 1890:

PART I.

GENERAL ASYLUM SYSTEM.

To approach a proper consideration of the subject of care and treatment of the committed and registered insane in the State — the Commission can deal with no other — and to arrive at trustworthy conclusions concerning the results of such treatment, it is important, if not essential, that the means and facilities employed in caring for them, as well as the number so cared for, should be presented.*

On October 1, 1890, as appears by the records of the Commission, the whole number of insane in custody, under legal certificates of commitment, was 16,002.

The whole number of asylums, public and private, was thirty.

The total cost of these asylums, together with their furnishings, grounds and equipments, up to October 1, 1890, has been $16,291,600.37.†

The number of persons employed directly or indirectly in and about the care and treatment of the insane in these institutions was 2,707.

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* Idiots are expressly excluded, being given separate consideration.

† Kings counties estimated at $2,000,000.

The total receipts of these institutions for the past year, from all sources, were $3,157,000.

From the foregoing exhibit the vastness of this interest and the magnitude of its importance to the people of the State can be understood. Considered from a merely monetary standpoint, in its cost and in the number of persons employed, it rivals the canals and the schools, and it surpasses by far the State prisons.

The Commission has been at some pains to ascertain these figures. They are startling in extent, and might well appal us when we realize from them how many there are of these sick people who have to be cared for and maintained, either by the generosity of friends or by public taxation in State, county, city or town. It must not be forgotten, too, that nearly all this large number of lunatic patients in asylums are adult persons, who, were they well and in possession of reason, would be producers, adding to the wealth and resources of the State, instead of being, as of necessity they now are, yet by no fault of their own, a burden and a hindrance. The importance of proper supervision over so large an interest, touching at so many points so many families and communities, will readily be appreciated, and it requires but a small measure of intelligence to perceive the urgent need that all helpful means and measures for the restoration or relief of the insane should be applied through some central authority, and be governed by a settled policy of harmonious direction which should aim not only to cure or alleviate as many of these unfortunates as possible, but also, having due regard to the standard of care and treatment which insane persons should have, to reduce, as far as practicable, the cost of their maintenance.

As a result of its observations and inspections during the past year, the Commission is gratified to be able to say that the condition of the State hospitals has steadily improved, and gives visible token of healthful advance in the right direction. In respect to the cleanliness, neatness, order, convenience, and comfortable interior and exterior

arrangements of the buildings; to the intelligence, efficiency and zeal prevailing among officers, attendants and employés generally; to the discipline, medical treatment, sanitary conditions, the constant attention and care, the personal appearance, and the other items in the sum total of both physical and moral well-being of the patients; as to all these respects it may be said that the hospital service, while by no means perfect or free from defect, is commendably progressive and wholesome and justly entitled to the confidence of the public. The Commission has noted a material advance along the lines of more systematic methods, increased attention to details, better general results in internal government and in external administration. Its recommendations, carefully drawn to avoid difficult exigencies on the one hand and mere minutiæ on the other, have generally been received in a kindly spirit, and responded to with cheerful alacrity. The condition of the New York city asylums in point of medical and executive skill is quite on a level with the best equipped hospitals; the worst fault that can be found with them relates not to administration or discipline or results of the treatment which their patients receive, in all of which respects a high meed of praise may justly be awarded, but to the real overcrowding which their wards and dormitories present and the dilapidated state of some of the buildings—a condition for which the asylum officers are in no degree responsible, and which in itself serves to emphasize the extraordinary merit of the work they are doing under such disadvantageous influences. The same is substantially true, also, of the Kings county asylums, except that the standard of discipline and general efficiency of the service in these institutions are seriously impaired by the absence of proper requirements in the selection of officers and employés, and by the medical superintendents' lack of power to appoint and discharge their subordinates. The authorities of Kings county are spending large sums in order to provide for its insane sufficient and suitable accommodations, which it is to be hoped

will soon become available. In Monroe County Asylum, too, it should be added, the standard of medical skill and the general care and treatment for its inmates has been maintained by the superintendent at as high a point as could have been reasonably looked for, with the means and appliances at his disposal for that purpose. The institution, it is believed, is well conducted on the whole and worthy of confidence.

The Commission is further pleased to bear willing testimony to the general excellence of the work done in the present private asylums of the State. Excepting as to fire protection, and to some matters of minor importance, which are being rapidly corrected, it found these asylums to be well arranged and properly managed, and it saw comparatively little to object to in the treatment of their inmates. In them, also, it observed clear evidences of improvement as a result of its previous inspections and recommendations.

For a directory of the asylums and hospitals of the State see page 163.

PART II.

STATE HOSPITALS.

Upon the completion, now near at hand, of the new State Asylum for Insane Criminals at Matteawan, the present Asylum for Insane Criminals at Auburn will cease to be used for the specific object for which it was established, and will become available for such other use as the Legislature may direct; the number of State hospitals for the insane will then be eight. The total cost of these State institutions, including furniture, up to October 1, 1890—to which date all figures given in this report relate—has been $8,889,130.03. This sum, great as it is, it may be remarked, is much less than the lowest sum which the opponents of exclusive State care for the insane have declared would be needed to provide accommodations in

State hospitals for the insane inmates of county asylums and poor-houses. Moreover, this aggregate includes large sums spent in excess of what would now be necessary, resulting from lack of experience in the right construction and equipment of asylums; for, properly speaking, the asylum system in this country dates back not further than thirty years ago. Another large proportion of original cost proceeded from lavish and wasteful, if not corrupt, outlays made during or soon after the war, when much higher prices ruled than now prevail. In round numbers, there is capacity in these institutions at the present time for 6,000 patients. Dividing the total cost of these State hospitals by this number of patients, the per capita cost for each person will be seen to have been below $1,500, a sum much less than has been assumed and proclaimed by many to be the fact. The number of persons employed, of all classes, is 1,369. The ordinary expenditure for maintenance during the past year was $1,105,986.91.

Until within a comparatively recent period the prison system of this State was rightly regarded as excelling in importance, and, so far as the State itself was concerned, in interest; but latterly the asylum, or as it is now called, the State hospital system, has become of surpassing extent, and in both a moral and a financial sense its dimensions have attained such magnitude, while recent legislation respecting it has been of such a nature, that it is necessary to speak of it somewhat fully and in detail. The organization of this great charity has been of slow growth and irregular development. At the time of the establishment of the State Lunatic Asylum at Utica, in 1842, scarcely a guide or precedent for its method of government could be found; but that which did obtain has been followed, without material modification, in the establishment and conduct of each asylum or hospital built since that time. This method consisted, substantially, of a board of managers or trustees, eight or nine in number, who, within certain limitations, are clothed with the power of appointment of the medical superintendent and other

officers, attendants and employés. These managers or trustees are nominated by the Governor and confirmed by the Senate. Except the State hospital for insane criminals, which is directly under the authority of the Superintendent of State Prisons, each hospital has a practically similar administrative and governmental system, though no uniform rule or form seems to have been observed, it being a matter of apparent caprice as to the number of trustees for any particular institution. The managers or trustees, while there is no provision of law requiring it, are supposed to and do generally live in the locality adjacent to the hospital. The law requires them to frequently visit the asylum and to make certain notes and recommendations, and they are held at least nominally responsible for its government and control. With the multiplication of these institutions the necessity arose for some sort of State supervision, undoubtedly having in view some degree of uniformity in methods and government. At first this State authority over the hospitals was of a purely supervisory character, and was lodged in the State Board of Charities. Within a short period, however, the office of State Commissioner in Lunacy was created, with powers independent of said board and largely increased. In 1889 the State Commission in Lunacy was created, with all the powers possessed by the State Commissioner in Lunacy and many additional powers.

It was natural, perhaps inevitable, that when the Commission began to exercise the powers and perform the duties devolved upon it by law, friction should be engendered between it and the various hospital boards of managers and trustees. Regarding themselves as State officers, appointed by the Governor by and with the consent of the Senate, it was not easy for these boards to recognize that they were subject to the control of any other authority whatever; indeed, in some cases there seemed to be doubt whether the State had the right to institute a central authority with any more than mere visitorial power; and this state of mind found expression in complaints that the

Commission has adopted and is seeking to make effective a policy of undue centralization, destructive to the prevalent plan of local self-government—a theory which fails to note the fact that the asylum branch of the State's administrative system is the only one which has not undergone complete centralization, although, viewed from any standpoint, it is one of the most important and offers the surest prospect of valuable results from such a change in methods of administration.

It is only a few years since, by constitutional amendment, the canals and the prisons were placed under one responsible head for each, and, by recent decisions of the Court of Appeals, the powers of these officers are so absolute that not even the Legislature can interfere, through the civil service machinery of the State, with their appointments of subordinates. The gross scandals, flagrant mismanagement, and wasteful misapplication of public money, not to say downright jobbery, made public in regard to both canal and prison administration, were held to be sufficient to justify this radical change of base, alarming as it may have been to the opponents of such a principle in State government. After the experience of several years with which to compare results under the two systems, it will hardly be contended by any one that both canals and prisons have not been enormously improved nor that the expense of their maintenance has not been enormously decreased. The school system, also, vital as that is and affecting so profoundly the most sensitive feelings of the people, has become by steady advance centralized to a degree manifest in perhaps no other branch of the public service; school boards have been subordinated to the direct control of the Superintendent of Public Instruction, an officer not chosen by nor immediately responsible to the people of the State; his power over teachers and trustees, over school boards, buildings and meetings, is extensive and in some matters without appeal; and in the case of normal schools he has the appointment of the local trustees or managers, fixes the salaries and

confirms the appointments of the teachers, and audits the accounts of all these institutions. It will be seen that the powers conferred by law upon the State Commission in Lunacy over the great asylums or hospitals of the State, which have cost millions to construct and equip, are employing thousands of persons and expending over a million in annual outlay, while these powers are considerably greater than were exercised by former Commissioners in Lunacy, yet as compared with the existing centralization in canal, prison and school administration, they are so small as to be almost nominal. The Commission has no personal ambition or desire to unduly aggrandize its own authority, and it is not disposed to recommend the abolition of local boards of managers or trustees, but as a question of public policy and of how best to subserve the permanent welfare of the State in regard to this branch of its service, the Commission does not hesitate to affirm that in its deliberate judgment no great and enduring improvement in the management of these institutions or in the cost of their maintenance can reasonably be looked for until they are put under more effective and thorough central supervision by the State than now obtains. Whether this result will best be attained by the adoption of a system similar to that prevailing in the normal schools, viz., the appointment of small local boards for each institution by the Commission, responsible to it for their action, or by the application to the hospitals of the same system which controls the prisons and canals, through the assumption by the Commission, pursuant to law, of the general government of these institutions, the Commission does not now feel warranted in saying.

But, assuming that the present system is to continue, the Commission believes that some modifications of the statute should be made with a view to obtaining more satisfactory results than are now possible. It believes that the number of trustees in each institution should be the same, and that this number should be lessened; that they should hold office for a definite term; that trustees should not hold

over at end of term unless reappointed; that while acting as trustee or manager he should hold no other State or federal executive or legislative office whatever; and that each board, instead of reporting to the Legislature, should report to the Commission, which might thereby be enabled to make one comprehensive report covering the entire field of hospital service, to the end that the Legislature may consider the whole subject at once and act intelligently toward all, instead of, as now, treating each separately.

The Commission believes, too, that the State should have and should pursue one definite policy of general application, which result is not attainable under the present system. Now a report touching the operation and the various features of the several hospitals is made by the State Commission in Lunacy; another report designed to cover much of the same ground is made by the State Board of Charities; and still another report relating to each individual hospital is made by its local Board. In some particulars each report may vary from the others; indeed, this is likely to be the case. The reports presented to the last Legislature by the State Commission in Lunacy and the State Board of Charities differed widely in some of their conclusions and recommendations. That under such a state of thing no intelligent or definite line of policy or of action with regard to the hospitals can be marked out or followed, goes without saying. Another effect which proves to be bad may be noted. As before observed, the local boards, from being appointed by the Governor and Senate, regard themselves as State officers. In a sense this is true; but in the larger sense it is not true. In the primary and proper meaning of the term, a State officer is one whose official functions are co-extensive with the bounds of the State. These boards of managers, or trustees, have local jurisdiction and a local function only, and act without reference to any institution or interest of the State, except the single one for which they were specially chosen to act—a fact which has often

been brought forcibly to the knowledge of legislators when appropriations were sought.

It is matter of regret that at the present time it is impossible to accurately state what the cost of maintaining the State hospitals is — that is, as related to certain other things. Of course the gross sum expended can easily be computed; but whether or not it is in excess of the sum which ought to have been expended, or whether economies in disbursements might not have been introduced, it is not so easy to determine. The systems of book-keeping being different in different institutions — the Commission expects that in the course of a few weeks uniformity of accounts will be perfected — it has been impossible to decide questions like the foregoing; but the Commission believes the true policy to be, and it respectfully advises, that all the receipts of the State hospitals, from whatever source, be paid into the State treasury, and that specific appropriations should be made by the Legislature each year, to be expended upon itemized monthly estimates, subject to approval by the Comptroller. Under the present arrangement it is difficult to tell for what objects the money received is used; for example, in the account for maintenance it is sometimes found that food, clothing, furniture, ordinary repairs, horses, carriages, harnesses, and many other items not necessarily incident to the account, are inextricably mingled. Obviously this ought not to be so. Such a practical confusion of accounts tends, or at least it may tend, to encourage waste and profligacy. If the receipts were turned into the State treasury, and direct appropriations were made to cover classified branches of expenditures, and needed supplies of staple articles, especially those constituting the greater items of outlay, were purchased by contract, the Commission believes the per capita cost of maintenance could be greatly reduced without sacrificing any essential element of comfort or convenience for the inmates. The weekly per capita cost of the State hospitals (Willard and Binghamton being excluded, because comparisons with other States can not

be made, there being no similar institutions in other States), is as follows:

Institution.	Weekly per capita cost.
Utica State Hospital	$4 83
Middletown State Hospital	6 03
Poughkeepsie State Hospital	5 58
Buffalo State Hospital	4 72

The average per capita cost, therefore, is $5.29.

From a carefully prepared statement made in 1878, at which time prices were very much higher than they are to-day for many kinds of materials, the per capita cost of each of the institutions hereinafter named was as follows:

Institution.	Weekly per capita cost.
State Asylum, Worcester, Mass	$3 94
State Lunatic Hospital, Northampton, Mass	3 46
State Lunatic Hospital, Harrisburg, Pa	4 42
Maryland Hospital for the Insane, Catonsville, Md	4 13
Vermont Asylum for the Insane, Brattleboro, Vt	3 46
Danvers Lunatic Hospital, Danvers, Mass	3 46
Government Hospital for the Insane, Washington, D. C	4 23
Connecticut Hospital for the Insane, Middletown, Conn	3 75
Wisconsin Hospital for the Insane, Mendota, Wis	4 52

The average per capita cost of these institutions is $3.93.

While State pride might impel citizens to regard their own hospital system as the best, it could hardly be claimed to be so much better as to explain the great difference shown to exist between the per capita cost of the hospitals in this State and of those of the other States just mentioned. The inquiry is therefore pertinent, if not urgent, whether under a proper system of centralized State supervision, through buying supplies by contract and in large quantities, through unification of methods, through equalization of salaries and wages, and in other ways, the per capita cost can not be made considerably lower than it is at the present time.

Various evils and defects in the management of State hospitals have arisen through lack of proper State super-

vision, but some of the most serious, perhaps, come out of the belief that each hospital is a local institution established and maintained for the special benefit of the locality and of the community resident in its vicinity — the local merchants, tradesmen, mechanics and business people generally; that, in brief, it is a local concern with which the State has no proper business to interfere. Evidences of this inclination to exalt the idea of locality have presented themselves in various directions; in some places and in many persons' minds the actual sovereignty of the State seems never to be thought of. It seems to be forgotten that the State established these institutions and paid for their construction; that it is owner of all the property within the buildings or upon the grounds — of horses, carriages, furniture, books, implements and all other property therein or thereon (except, of course, the personal effects of the officers and employés); and that the only recognition of locality in the management relates to convenience of managers or trustees in attending meetings or visiting the institution. It seems also to have been forgotten that each one of these hospitals was instituted solely for the benefit of the people of the entire State, and that the logic and reason of the case demand that each one be conducted solely with reference to the general welfare, not at all with regard to local interests.

The Commission believes that a uniform system of internal government should be adopted, and that rules and regulations for all the institutions should be substantially the same, so that an attendant or employé of one going to another would not need to study the principles and provisions of a different system. It thinks the present wide variances in salaries paid to officers, employés and attendants should not continue; it sees no sufficient reason why the salary of a medical superintendent in one case should be $3,000, while in another case it is $5,000, nor can it uphold the variations in salaries paid to assistant physicians. There should not be any inducement or temptation to officers, employés or attendants that might lead them to leave one

institution in order to obtain a greater compensation offered at another.

The Commission would also deem it desirable that assistant physicians should be so trained and familiarized with their work under uniform methods that they may be transferable from one institution to another, thus avoiding the risk of getting into the ruts of official routine. It thinks such an arrangement would conduce to the improvement of the medical service, and with reference to salaries of assistant physicians it would suggest that the statute should provide for first, second and third assistants, and that all of each grade should be paid the same compensation; that where other physicians below the grade of third assistants are employed, they should all be rated simply as assistants and be paid a uniform salary.

Under the existing system, each institution having an independent board of managers and each reporting separately to the Legislature, it has happened and is likely to happen so long as the system stands unchanged, that each hospital will seek to get from the Legislature whatever sums of money it can secure, irrespective of all others and to some extent regardless of the general public interest in these institutions; and if a member of one of these boards should chance to be also a member of the Legislature, it will readily be seen that the particular institution in question would have an undue advantage over others — a fact and a consideration which, among others, have made the Commission think it wise to recommend that no hospital manager or trustee be allowed to hold any other State office.

In order that the financial affairs of the several State hospitals may be more fully and more readily understood, the Commission has undertaken to bring about uniformity in the systems of book-keeping. During the past year it called a conference of the various superintendents and financial officers of the State hospitals and also invited the co-operation of the Comptroller of the State. He was represented by one of his chief accountants. The Commission

informed the superintendents that it had no choice in the matter, only desiring a comprehensive and uniform system, and that it would gladly accept any system which might be prepared. After two days of discussion the superintendents were unable to agree through their representatives, and so informed the Commission. The Commission then, with the concurrence of the Comptroller, and with the aid of one of the superintendents, proceeded to prepare a series of books and blanks to be put in use throughout the State. These books and blanks by a formal order will be adopted by the Commission in the course of a few weeks, and shortly thereafter the system will be in operation throughout all the State hospitals. It is believed that it will be possible, when this system of book-keeping is in full operation, to make some reliable and valuable comparisons between the different institutions.

The Commission believes that a standard dietary for the general table at each hospital should be adopted in order to remove ground for just complaint because of invidious distinctions between public and private patients in the same institution or of invidious comparisons between different institutions, and in order that a correct comparison of the respective costs of management may be made. Of course, this should not be held to mean that, for instance the same vegetable should be served on the same day at each hospital, but only that a uniform standard of diet as regards both quality and quantity, at least so far as pertains to staple articles, should be maintained; nor should such a rule be thought to restrict the allowance of special or extra diet for the sick and feeble in the discretion of the medical officers, nor to interfere with the free use in their season of fruits and vegetables produced on the institution's grounds.

As a result of persistent agitation in behalf of the employment of women physicians in State hospitals, a bill was introduced at the last session of the Legislature providing for the appointment of a woman physician in each of the State hospitals of the State. The matter was finally

referred to the Commission, and a bill was prepared by one of its members. While the Commission had expressed no opinion upon the subject, it yet saw no objection to the measure being put in force, provided it were surrounded with proper safeguards. It fully realized the importance of properly trained women physicians to perform certain work in and about the care and treatment of the insane, but it was not prepared to go to the extent of holding that all of the women insane should be treated exclusively by women physicians, believing that as yet, not to speak of other reasons, a sufficient number of properly qualified women physicians could not be found. But of the general utility of the scheme, within proper limits, it had no doubt, and, as above stated, it, therefore, made no objection to a trial, but it aimed to surround the appointment of these physicians in the bill prepared by it with such safeguards as, in its judgment, would secure the best possible results, and it provided that each woman physician so appointed should be in addition to the regular medical staff, and should receive an amount of compensation sufficient to induce the best grade of medical women to enter the service; also, that the power of appointment should be vested solely in the medical superintendent, in order that he alone might be held responsible for the success or failure of the experiment.

At the last session of the Legislature a bill was introduced to change the name of one or more of the State asylums to State hospitals. This bill upon being referred to the Commission was recast by it so as to provide for the substitution of the word "hospital" for "asylum" in all of the institutions for the insane exclusively controlled by the State; this being in line with the Commission's policy that all of the institutions of the State for the care and treatment of the insane should be placed upon a similar footing. Moreover, insanity now being regarded everywhere as a disease, it was believed that institutions for the care and treatment of persons suffering from it should rather be designated as hospitals than as asylums, the latter term

signifying places of seclusion and retreat, and it being believed that the change would further conduce to the recovery of the insane, and that less aversion would be felt by the friends of patients to their being placed in these institutions for care and treatment.

The Commission would respectfully suggest to the Legislature that until the time arrives when all the public insane are provided for in the State hospitals further appropriations toward merely beautifying or embellishing them should be deferred. The great and vital necessity of the hour is to provide for carrying the State care act into full effect. The general condition of the hospitals to-day is fairly good, and they require only minor appropriations for the purpose of keeping the State's property in proper repair and of preserving the health of the inmates. All large appropriations should be deferred until the one great object above referred to is attained, unless the Legislature may deem it proper and expedient to appropriate money toward completing hospitals now in process of erection.

PART III.

PRIVATE ASYLUMS.

Previous to 1873 there were in this State no private asylums for the insane, properly so called, except, possibly two or three. Any person or persons could, if he or they so chose, care for insane patients. Such establishments made no reports, were not supervisable by any legal authority, and in fact bore no relation to the State. If abuses arose they were not discovered save by accident; and no corrective or preventive measures were or could be applied, except as public opinion might enforce some slight moral restraint. As far as those establishments were then concerned, their inmates were left practically without official control and were remitted entirely to such amelioration of their condition as the humanity or intelligent self-interest

of their keeper might supply. In that year, however, the Legislature wisely enacted that no private asylum or institution for the care and treatment of the insane could be permitted to exist, except upon the issuance of a license; and under the law, theoretically, from that time forward all private asylums for the care of the certified insane came, nominally at least, under State supervision, subject to visitation and inspection, and to that extent their insane inmates were given the benefits of State guardianship. This policy of licensing these institutions has been continued, and in the act creating the present Commission in Lunacy former provisions of law were incorporated, and the power of granting licenses was vested in the Commission, to whom is also given the further power to continue, modify or revoke, as it may see fit. At the organization of the Commission no record of these licenses could be found; nothing had been transmitted to it from former administrations; it was only by hearsay that some of these institutions were discovered, and in several cases much difficulty was experienced in ascertaining whether a license had been granted or not. Under the organic act which constitutes the Commission, these institutions are required not only to be licensed but also to report to the Commission and to exhibit their books and papers, are made subject to visitation by it, and in fact are practically put within the control of the Commission in all material respects. The Commission thereupon sought to ascertain where and what these institutions were, and it believes that all have been located and that it has succeeded in obtaining the original license of each one. However, for the purpose of securing the advantages of uniformity, the Commission has adopted a new form of license, a copy of which is hereinafter given. (See p. 20.) It is its intention as soon as practicable to revoke all licenses heretofore issued, and to reissue licenses in all cases where, in its judgment, it is proper to do so, putting all of these asylums on a common footing and affording the fullest practicable measure of protection to the public and to the patients.



The action of the Commission in enforcing the provisions of the statute relating to the admission of private or pay patients to the State hospitals, and requiring that the rich insane should be cared for, as the law contemplates, at home or in private institutions, renders it proper and necessary that the Commission should express its views in regard to the propriety of private asylums being recognized by the State. The policy of every country, with possibly one exception, seems to be that the State should not enter upon the care of individuals able to procure care for themselves. Individual effort everywhere has been found able and willing to meet the demand for accommodations for that class of patients, and with proper safeguards, such, for example, as the laws of New York supply, there is no reason why such effort should not continue to so provide for that class of patients. Private asylums serve a very useful purpose, inasmuch as in many cases they furnish what the State can not well supply, without the expenditure of enormous sums of money. They secure the exclusiveness which is so much desired by a certain class of wealthy patients, and the licenses of these institutions being subject to instant revocation by the Commission, there certainly would appear to be no harm in their continuance; indeed, experience indicates that great good results from not only permitting their existence, but also promoting their extension. They are open to the fullest inspection; they are required to rigidly comply with the orders of the Commission; and self-interest, especially as even the smallest of these institutions can not exist without the expenditure of comparatively large sums, will insure that their inmates shall receive proper attention.

The Commission has still further endeavored to promote the usefulness of these institutions by declaring that no private asylum will be licensed, except it has a resident physician, who has had a sufficient experience in the care and treatment of the insane. It has also prohibited such institutions from keeping on their premises uncommitted insane or other sick persons, in order that there may be

no overlapping of jurisdiction; for the Commission under the statute, has no power or authority to visit any premises that are not occupied by or used for the regularly committed insane, and it was found necessary to direct the exclusion of all patients not committed, because of the fact that in many of these institutions, the rooms and parts of the premises occupied by them were deemed by the management to be beyond the jurisdiction or control of the Commission; under such circumstances, it is obvious that grave abuses might result from the commingling of the two classes. It has been urged, however, that the State might provide for the admission of uncertified patients, under certain restrictions, which the Legislature in its wisdom may provide, among them being that such patients should be reported to the Commission, as all registered insane are now reported, and that the premises and rooms occupied by them shall be subject to the same visitation and inspection. The Commission deems the proposition one worthy of consideration by the Legislature.

It has also been urged that licenses should not be granted under any circumstances to non-residents.

The Commission has had occasion to revoke only one license; that had been issued to a layman, and it was thought that the institution was not suitable for the care and treatment of the insane. The mistake arose in granting the license in the first instance, to a person not properly trained and educated as a physician in the care and treatment of the insane.

The Commission also, in the case of another private asylum, demanded that the corporation should elect between the care of the committed insane and the care of other classes of persons. The management determined that it would abandon the care of the insane, and confine itself to the care of idiots and epileptics. One other private asylum has voluntarily surrendered its license. Three new licenses have been issued. All the private asylums reported are doing good work and should be encouraged in every proper way. They relieve the State

in the matter of expensive buildings and of the appropriation of large sums of money, and the Commission heartily commits itself to a continuance of the policy which has heretofore been pursued in respect to these asylums.

The following is the form of license adopted for private asylums:

[Form 39.]

STATE OF NEW YORK — STATE COMMISSION IN LUNACY.

At a special session of the State Commission in Lunacy, held at the Capitol, in the city of Albany, on the.....day of..... ....., 189 .

Present — Carlos F. MacDonald, M. D., President; Goodwin Brown, Henry A. Reeves, Commissioners.

The State Commission in Lunacy, by virtue of the power and authority conferred by law, does hereby authorize and empower, by this license, ...
to operate and maintain, for compensation or hire, an institution for the care and treatment of persons certified to be insane, under the provisions of the statute and according to the forms adopted by said Commission, said institution to be located at....., and to be known as..... But this license is granted solely upon the following:

First, General conditions: That the number of duly certified insane persons under treatment shall not, at any time, exceed.....men and.....women, and that this license shall be framed and hung upon the wall of the office or reception room.

Second, Special conditions: .....
.....
.....
.....
.....

Upon compliance with the terms and conditions of this license the said Commission does hereby authorize and empower the said ..... to receive and hold in custody until legally discharged such insane persons as may be legally committed to.....custody, not exceeding the numbers above specified.

By the Commission.

[L. S.] .....

Secretary.

The Commission has now on file in its office complete plans of all the private institutions for the care and treatment of the insane in the State, made to a scale and under one method, so that precise information as to the capacity, internal arrangement, style of architecture, etc., of these institutions and the uses to which the various portions thereof are put, can now be supplied.

PART IV.

The Insane the Wards of the State.

Although the principle that the insane are wards of the State is so old that it may be said the memory of man runneth not to the contrary, yet the express declaration of this beneficent doctrine in the statutes of the State had not been made until the passage of the State Care Act in 1890. As indicating how the insane have been regarded in this respect by the courts, it is only necessary to refer to one of its opinions:

"Upon our Revolution, the people succeeded to the duties and prerogatives of the Crown, and at a very early period they expressly delegated the authority of this matter to the Chancellor. The successive statutes were substituted for the King's Sign Manual to each Lord Chancellor or Lord Keeper. It is on this basis that the jurisdiction in our State is most clearly and safely vested, and the express delegation of the authority of the State, as to the custody of the person and estate of lunatics, implied the right of judicially ascertaining who were such, and the course of proceeding almost necessarily followed that of the English Chancery."

The case from which this opinion is taken arose nearly fifty years ago, and simply affirmed the principle which had existed since the foundation of the government, that the insane are the wards of the State, subject to its physical and actual control as to care and treatment, as well as to the theoretic or legal control which is exercised in making orders and directions relating to their persons and property.

Its extreme and logical limit was reached when the State Care Act was passed, declaring in specific terms the principle that this unfortunate class are in fact as well as in theory, the wards of the State, to be nurtured, cared for and cured. From the earliest organization of the State government the history of the action of our courts and Legislature has all tended to show that the interests of the insane were to be confided exclusively to the care of the State.

PART V.

STATE CARE OF THE INSANE.

After an agitation which continued for many years, the Legislature, in 1890, by the enactment of chapter 126 of the laws of that year, passed what is now known as the "State Care Act." This statute in most of its features simply reaffirmed a policy which was entered upon twenty-five years ago. The act of 1842 had legally assumed that, after a certain lapse of time and under certain circumstances, insanity becomes an incurable disease; it provided that after patients had been under treatment in the Utica State Lunatic Asylum for a greater or less length of time, they might practically be declared incurable and be removed to the poor-house. Under the operation of this statute, which no one will now venture to call beneficent or humane, the chronic insane poor were returned from the State Lunatic Asylum to the various poor-houses of the State. As may be imagined, the condition of these people simply became lamentable, and from that time to 1865 the agitation for the better care and treatment of these insane was constantly kept up. At the time of the passage of the act creating the Willard Asylum, which was designed to provide for all the chronic insane transferred from the State Lunatic Asylum and such other asylums for the acute insane as might be built, there were only about 1,300 of these insane in the poor-houses of the State; and, as pointed out in the last report of the Commission,

appropriations for the building of this asylum were, by reason of various causes, which it is not now necessary to enumerate, slowly made. The asylum was not completed as rapidly as intended, and for that reason the persons most active in defeating appropriations demanded relief from the operation of that act by means of the exemption of certain counties. These exemptions were authorized to be made by the State Board of Charities, and, in theory, they were to be revoked whenever it was shown that the counties did not make or maintain sufficient provision for the insane left under their care. These exemptions continued to be made until twenty had been granted. In the meantime, and more especially during the past few years, the condition of the insane in the exempted counties became something pitiful indeed, and about four years ago the State Charities Aid Association, a volunteer organization with headquarters in New York city, but having branches throughout the State, began the effort which culminated in the passing of the State Care Act in 1890. In this effort the association was assisted by Dr. Stephen Smith, the then State Commissioner in Lunacy, and was also supported by the President and several members of the State Board of Charities, though not by the action of the Board as a whole, for it is understood that the Board never took any decided position in regard to the matter, owing to differences of opinion among its members.

In its practical effect this State Care Act abolished all of the exemptions that had been heretofore granted by the State Board of Charities. It placed all of the counties, with the exception of New York, Kings and Monroe, in precisely the same position that they were in after the passage of the act of 1865 and before the exemptions were made. It reduced all the so-called county asylums to poor-houses. It stripped them of whatever pretense or claim they had — in fact, no valid one ever existed — to be called county asylums. It virtually repealed the barbarous statute of 1842, which recognized a legal distinction between the insane, namely, their classification as acute and chronic.

It absolutely forbade the delivery of any of the insane, who had been inmates of the so-called acute asylums of the State, to the superintendents of the poor. It removed whatever right or pretense the exempted counties had of receiving acute or recent cases directly from their homes, which cases had theretofore been frequently received in violation of the spirit if not of the letter of the law. It placed all of the State hospitals upon an equal footing. It removed the stigma of the word "chronic" from the Willard and Binghamton Asylums. It provided that all of the State hospitals should in this respect rest on an equal basis of law, and that their operations should be conducted thereafter with reference to the cure of all and not of only a part of their inmates. For the first time in the history of the State the law recognized the possibility of a cure of all the insane, or, at least, it declared that none of the insane should ever be abandoned to chronic incurability.

The counties of New York, Kings and Monroe were exempted from the operation of the State Care Act; and as the Legislature of 1890 has been criticized in certain quarters for this exemption, it may be proper to state that these counties were exempted because each had provided separate institutions for its insane apart from its poor-house. Their asylums were fully organized and equipped institutions, and were managed in all substantial particulars like the State asylums. These counties had recognized the curability of all of the insane, and had made provisions for their care and treatment. They had officered their asylums with skilled physicians; had supplied them with trained attendants; the buildings for their insane were removed from and bore no relation to nor connection with the poor-houses. These counties were the only ones which could properly or consistently have been exempted from the operation of the law. In fact, if the other counties of the State had provided as good accommodations and care for their insane of all classes as the counties of New York, Kings and

Monroe, there would have been less necessity for the enactment of the State Care Act.

The act provided that in most respects its provisions should be carried out by the State Commission in Lunacy. One feature of it, however, was that which provided that the State must be divided into as many districts as there were State asylums, and that in doing this no county should be divided. To accomplish the object of dividing the State into districts, the statute constituted a board of five members, composed of the Comptroller, the President of the State Board of Charities and the State Commission in Lunacy, acting as individual commissioners. The Districting Board thus created had no discretion but to assign a district to each of the State hospitals. In September, 1890, this board met and divided the State into hospital districts, having reference to population, number of the insane, convenience and accessibility. After having heard all interests which cared to be represented, the board was unanimous in its action. The division was made with a full consideration of the fact that the act was flexible, giving power to the board to redivide the State whenever found to be necessary. The board had no power to exempt any hospital from the operation of the act. All of the hospitals in the State were, under existing law, precisely equal in all things, with one exception, namely, that in the case of the Middletown State Hospital the management must at all times see that the treatment given is homœopathic.

The order establishing the districts is as follows :

STATE OF NEW YORK — STATE COMMISSION IN LUNACY.

Board for the Establishment of State Insane Asylum Districts and Other Purposes.

At a meeting of the Board for the Establishment of State Insane Asylum Districts and Other Purposes, held at the Capitol, in the city of Albany, Tuesday, September 2, 1890.

Present — Henry A. Reeves, chairman; Oscar Craig, Carlos F. MacDonald, M. D., Goodwin Brown, Edward Wemple.



In accordance with the provisions of section 1 of chapter 126 of the Laws of 1890, the following division of the State into State insane asylum districts was made and ordered to take effect October 1, 1890:

Utica State Hospital District.— Counties of Albany, Fulton, Hamilton, Herkimer, Madison, Montgomery, Oneida, Saratoga, Schenectady, containing 1,476 insane patients.

Willard State Hospital District.— Counties of Allegany, Cayuga, Chemung, Livingston, Ontario, Schuyler, Seneca, Steuben, Tompkins, Wayne, Yates, containing 1,024 insane patients.

Hudson River State Hospital District.—Counties of Columbia, Dutchess, Putnam, Rensselaer, Washington, Westchester, containing 1,159 insane patients.

Middletown State Hospital District.— Counties of Orange, Queens, Richmond, Rockland, Suffolk, Sullivan, Ulster, containing 988 insane patients.

Buffalo State Hospital District.— Counties of Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming, containing 1,148 insane patients.

Binghamton State Hospital District.— Counties of Broome, Chenango, Cortland, Delaware, Greene, Otsego, Schoharie, Tioga, containing 548 insane patients.

St. Lawrence State Hospital District.— Counties of Clinton, Essex, Franklin, Jefferson, Lewis, Onondaga, Oswego, St. Lawrence, Warren, containing 964 insane patients.

The number of public insane patients in each of the above-named districts is given as it exists on this date.

By the Board.

T. E. McGARR,

Secretary.

The following map gives a good idea of the assignment of counties to asylum districts by the districting board constituted under the State Care Act.

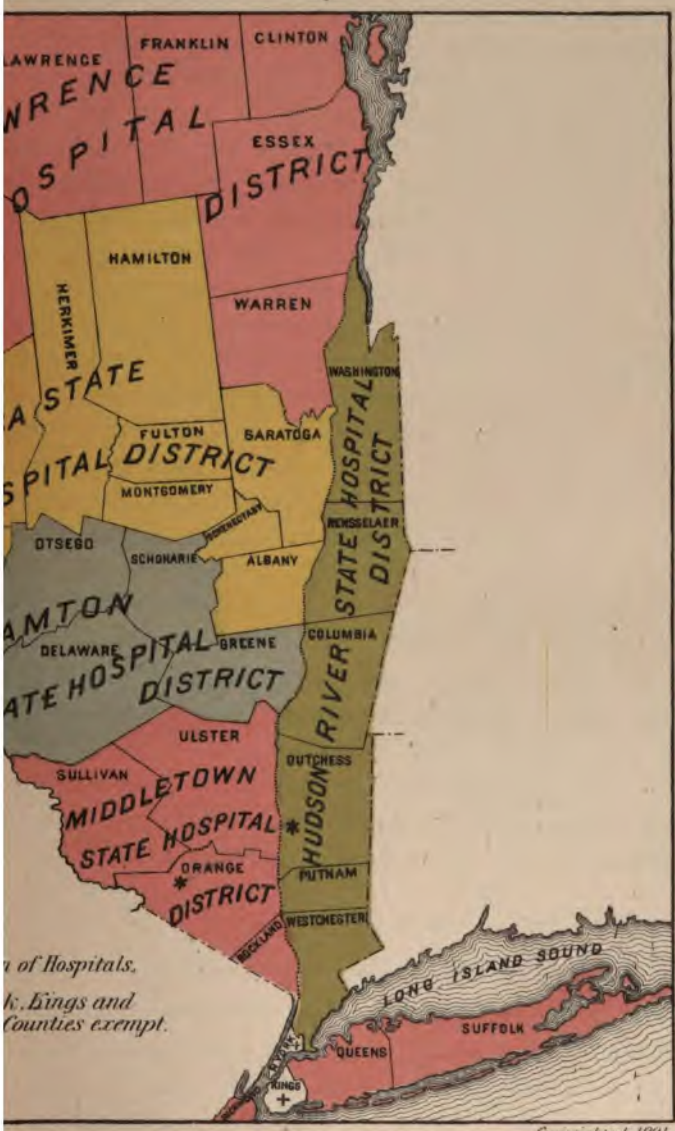
The board provided that the apportionment into districts so agreed upon should become operative on and after the 1st day of October, 1890. Beginning with that date, the Commission directed that all cases of insanity needing asylum care and treatment should be sent, except as



HOSPITAL DISTRICTS
OF THE
STATE OF NEW YORK.



NAME OF HOSPITAL.	LOCATION.	NO OF DEPENDEN INSANE IN DISTR OCT. 1. 1890.
Utica State Hospital.	*Utica.*	*1,476.*
Willard State Hospital.	*Willard.*	*1,024.*
Hudson R. State Hospital.	*Poughkeepsie.*	*1,159.*
Middletown State Hospital.	*Middletown.*	*988.*
Buffalo State Hospital.	*Buffalo.*	*1,148.*
Binghamton State Hospital.	*Binghamton.*	*548.*
St Lawrence State Hospital.	*Ogdensburg.*	*964.*



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specially permitted in the statute, to the hospital situated in the district in which the county was located.

The president of the Commission was required by the statute to prescribe rules governing the transportation of public patients to hospitals; to fix the amount and kind of clothing to be provided, and such other matters as might tend to secure to them comfortable transportation and maintenance on the route. One of these regulations deserves special attention, namely, that which provided that each patient should be furnished with a suit of new clothing, under and outer, and at certain seasons of the year an overcoat, mittens, etc. Heretofore, this had not been the practice; but realizing the always present danger of contagious or infectious diseases, it was decided that humanity as well as economy demanded that new clothing should be provided. There had long been a statute which required that patients upon their discharge should be provided with clothing, to be furnished by the hospital and charged to the counties. Reports received from the superintendents of the State hospitals show that these regulations are being faithfully complied with, except now and then in rare instances, but so far the violations have not been such as to justify a prosecution, investigation showing that no intentional evasion of the law was contemplated. The superintendents of the poor also report that the cost of the necessary clothing under contract does not exceed upon an average ten dollars per patient.

The order of the president of the Commission is as follows:

[Form 37.]

STATE OF NEW YORK—STATE COMMISSION IN LUNACY.

Present—Commissioner Carlos F. MacDonald, M. D., *President.*

In the Matter of the Transfer of Public Insane Patients from their Homes or from Poor-houses to State Hospitals by Superintendents of the Poor.

The statute (section 6 of chapter 126 of the Laws of 1890) having made it the duty of the president of the State Commission in Lunacy to prescribe regulations governing the transfer of public insane



patients from their homes or from poor-houses to State hospitals by superintendents of the poor, and concerning the clothing of said patients, it is on this 10th day of September, 1890, hereby

Ordered: 1. That all county superintendents of the poor or town, county, or city authorities, before sending a patient to any State hospital see that said patient is in a state of bodily cleanliness and provided with the following clothing, to wit:

(*a*) One full suit of underclothing.

(*b*) One full suit of outer clothing, including head wear, boots or shoes.

Between the months of November and April, both inclusive, there shall be provided, in addition to the foregoing, a suitable overcoat for the men patients and a suitable shawl or cloak for the women patients; also gloves or mittens. Considering the great danger, always present, of the introduction of contagious or infectious diseases into institutions where large numbers of people are congregated, and to avoid, so far as possible, the introduction of such diseases by means of wearing apparel, the clothing above provided for must in all cases be new.

2. In traveling by rail patients must not be compelled to ride in smoking or baggage cars, except in the case of men patients who may be so violent, profane or obscene as to render their presence in ordinary passenger coaches offensive. If any portion of the route is necessary to be traversed by team, a covered conveyance should, unless impossible, be provided. The shortest practicable route should be selected; the hour of departure should be timed, so far as possible, so as to avoid the necessity of stopping over night on the journey and so as not to reach the hospital at an unseasonable hour. Whenever practicable, a notice in advance, by writing or telegraph, should be sent to the medical superintendent of the hospital of the coming of the patient. In cases of violent patients a sufficient number of attendants should be provided to control their actions without resorting to the use of mechanical restraints, such as straps, ropes, chains, hand-cuffs, etc.; quieting medicines should not be given to such patients except upon the prescription of a physician. If it becomes necessary to remain over night or for a number of hours at a station on the route, patients are not to be taken to jail, police station or lock-up. Food in proper quantity and quality, and at intervals not exceeding five hours, should be provided for patients, but no alcoholic beverages must be given unless upon prescription of a physician. Opportunity must be afforded for attention to the calls of nature,

and the rules of decency must be observed. In case of the employment of extra attendants in conveying violent patients, care must be taken that they are of adult age and of good moral character. The provisions of the statute which require that a woman attendant shall accompany women patients when taken to State hospitals must be strictly complied with.

3. Any violation of the requirements of this order shall be promptly reported, so far as known to him, by the medical superintendent of the hospital to the State Commission in Lunacy.

4. This order shall take effect on the 1st day of October, 1890.

By the President of the Commission.

[L. S.] T. E. McGARR,
Secretary.

While the act directs that all patients should be sent to the hospital located in the district in which they reside, it wisely made an exception, recognizing that in certain cases patients might have a preference for a certain kind of medical treatment or a particular hospital. With this in view, the statute permits a patient to be sent to an asylum beyond the district in which he lived, provided there is room therein and the consent of the superintendent of the asylum and the president of the State Commission in Lunacy is obtained, and provided further that the patient or his friends are willing to pay the expense of his transportation beyond the limits of his district to the hospital so especially preferred. It would not have been expedient to have provided that an insane person or his friends might freely choose a hospital without reference to its location, as in that case the State might have been subjected to vast expenditures for transportation. Experience shows that an exceedingly small number of patients desire to go beyond the limits of their district. The president of the commission has promptly granted an order whenever application has been made. Since the first of October, 1890, only eleven orders have been issued. So that in actual operation, the law, while no hardships have been inflicted, has demonstrated the wisdom of its authors in this respect.



The form of order made in case of transfer of public patients beyond the limits of the district in which they reside is as follows:

[Form 35.]

STATE OF NEW YORK — STATE COMMISSION IN LUNACY.

Present — Carlos F. MacDonald, M. D., President.

IN THE MATTER OF THE APPLICATION FOR THE RECEPTION OF ....., A PUBLIC INSANE PATIENT, INTO ....., A STATE HOSPITAL, SITUATED BEYOND THE LIMITS OF THE DISTRICT WHEREIN SAID PATIENT RESIDES.

An application in writing having been presented to the president of the State Commission in Lunacy for leave to place the above-named public insane patient in the above-named State hospital, situated beyond the limits of the district in which said patient resides; and it satisfactorily appearing in said application that there is sufficient accommodation in said hospital to receive said patient; that the patient's guardians, relatives or friends are willing and able to bear the expense of the removal of said patient to said hospital, and that the medical superintendent of said hospital is willing to receive said patient into the custody of said hospital, it is, on this ..... day of ....., 189.., hereby

Ordered, That the medical superintendent of said hospital be and he is hereby empowered to receive said patient into his custody under the following conditions:

1. If the patient is to be received into said hospital direct from his home or friends, this order must be accompanied by the original medical certificate of lunacy.

2. If the patient is to be transferred from a State hospital or other institution for the care and treatment of the insane, then this order must be annexed to and accompanied by a certified copy of the medical certificate of lunacy upon which the patient was committed.

By the President of the Commission.

....., *Secretary.*

L. S.

Inasmuch as, in the minds of some people, confusion has arisen in regard to some of the features of the State Care Act, it may be proper to state that the act only contemplates the public or indigent insane. All private or pay patients are absolutely excluded from its consideration.

The State asylum districts have no reference to them whatever. If admitted at all, they can be admitted to one district as well as another, without the consent of the president of the Commission. In respect to this matter of districting, the counties of New York, Kings and Monroe are also exempt from the operation of the act. Public patients from those counties can be admitted to any of the State hospitals under existing provisions of law, and can not legally be considered with reference to the districts adopted by the Commission.

At the time of the passage of this act, there were, in round numbers, 2,200 of the insane poor in the poor-houses and county asylums of the State. From the time of the passage of the act this number could not, under any circumstances, increase. Previous to the act, the county poor-houses and asylums had kept their numbers good from two sources: First, by receiving patients directly from homes, although this was a violation of the spirit of the law; and second, under and by virtue of the odious provisions of the old statute, which permitted patients at State hospitals for the so-called acute insane, to be returned to the poor-houses or county asylums when deemed to be incurable.

One of the worst evils of the old system, perhaps the greatest of all, sprang from the fact that recent cases of insanity, then and now generally known as "acute," might be taken direct from homes into county asylums. Upon its organization the Commission sought some way to prevent or mitigate this evil, but did not find any. While the keystone of the whole theory of county care for insane persons was and is the alleged incurability of certain patients who, it is claimed, need only custodial care, yet in violation of the spirit if not letter of the very law through whose operation county care, founded on the above basis, was legalized, recent or "acute" cases were being received into county asylums. In order to get an official determination of its doubt upon the question, the Commission obtained from the Attorney-General an opinion to the



effect that the exempted counties might receive the "acute" or any other class of insane patients without let or hindrance.

As above stated, at the passage of this act, the number of indigent insane in the county institutions did not exceed in round numbers 2,200. This number on the 1st of October, 1890, had been reduced to 2,000, by operation simply of law and natural causes. As no new patients could be received, and as some inmates died while others were discharged by judges, a rapid diminution was certain; but in fact it was considerably increased over what it otherwise would have been, by the burning of the Chenango County Alms-house, causing an immediate transfer of the inmates to the Utica State Hospital.

Since the passage of the act the Commission has transferred all of the insane from the poor-houses or county asylums of the following named counties: Chenango, Clinton, Cortland, St. Lawrence, Saratoga, Schenectady, Schoharie, Sullivan and Warren.

A portion of the insane have been transferred from the following counties: Madison, Onondaga, Queens (order issued for transfer of fifty-five men,), Ulster, Washington.

Adding the foregoing to the discharges by judges and deaths, the number will have been reduced from 2,200, at the time of the passage of the act, to 1,700 on January 1st, 1891; a total reduction equal to about one-fourth of the whole number.

The passage of this act produced another effect which, perhaps, was not contemplated, namely, that certain of the counties, although not exempted, at whose poor-houses in clear violation of law certain so-called chronic insane had been kept in custody, began to remove them to the State hospitals. By reason of the transfers above noted and by deaths and discharges twenty-three counties, exclusive of New York, Kings and Monroe, are now entirely relieved of their insane as follows: Chemung, Chenango, Clinton, Cortland, Delaware, Dutchess, Essex, Franklin, Hamilton, Lewis, Niagara, Ontario, Putnam, Saratoga, Schenectady,

Schoharie, Schuyler, Steuben, Sullivan, Tompkins, Warren, Westchester, Yates.

Upon the State Care Act taking effect, the Commission was required, among other things, to fix a price to be charged by the State to the counties for the care of their insane pending the time of the removal of all of the insane to State hospitals, which charge should be uniform to all of the counties. The determination of this price was a matter of no small difficulty, owing to the condition of affairs which existed. The prices charged to the counties at the Willard and Binghamton hospitals were considerably less than those charged at the so-called acute hospitals. They each had a large number of patients; each possess great tracts of most fertile land; and a large proportion of patients in each are capable of performing work without injury to themselves, under the direction of competent physicians. On the other hand, the so-called acute hospitals, some of them without any practically available land, and all containing many patients more or less violently disturbed and destructive of clothing and property to a greater extent than those at Willard and Binghamton, while of course most of them are incapable of performing labor, charged a price largely in excess of that charged at Willard and Binghamton. To have fixed a uniform price for all of the hospitals without reference to these conditions, or, in other words, to have averaged a price, would have resulted, temporarily to be sure, but for a considerable time to come, in a large surplus at Binghamton and Willard and in deficiencies at Utica, Buffalo, Middletown and Poughkeepsie. The Commission, having these things in view, and also considering the destructive tendencies of the insane and the greater amount of treatment and attention required by them in the earlier stages of their disease, decided to fix a sliding scale; and, after correspondence and discussion, provided that such of the insane as had been in continuous custody for a period of three years or less should pay, including clothing and breakage, a sum amounting to four dollars

and twenty-five cents a week; while such of the insane as had been in continuous custody for a longer period than three years should pay a sum amounting to two dollars and fifty cents a week. These prices would leave the conditions almost exactly as they existed prior to the passage of the act. The so-called acute asylums would receive nearly as much as they received before, as likewise would Binghamton and Willard. In fixing these prices, too, the Commission had in view the removal of a source of annoyance from which it was desirable that the counties should be relieved, to wit: Charging each patient with the clothing worn and the articles of furniture or dishes broken or destroyed. The Commission satisfied itself from careful inquiry that the average charge for extras for each patient was about the same; and it found that the annoyance resulting to the counties and the work involved for the hospitals in keeping a separate account of such articles were large enough to merit serious attention; therefore, in fixing a price, it made an allowance of twenty-five cents per week, which it believes will fully cover the case.

As naturally might have been expected, some of the counties assumed that they were paying more than they previously paid, not seeming to realize that all of the insane in the so-called acute hospitals, who had remained there beyond a period of three years, would drop down to the price of two dollars and fifty cents per week, and that they were relieved from all further charge for clothing and breakage. On the other hand, the State hospitals claimed that their income would be materially reduced. As a matter of fact, the cost to the counties will be affected but very little, there being some reduction, and this reduction the Commission believes can well be borne by the State hospitals. The sum so charged, it must be borne in mind, includes all items whatsoever—clothing, breakage, postage, traveling expenses upon discharge, burial expenses, etc. From all these things the counties are absolutely relieved.

In passing it may be said that few patients were removed to the Willard or Binghamton hospitals, while they were

known as "chronic" asylums, until such patients had been in custody for a period of about two years. The charge at Willard was two dollars and twenty-five cents per week, exclusive of clothing and breakage, which amounted probably to a little more on the average than twenty-five cents per week. The charge at Binghamton was two dollars and fifty-seven cents, exclusive of clothing and breakage, which probably amounted to a sum considerably in excess of that now paid. On the other hand, the price charged of four dollars and twenty-five cents per week for patients in custody for a period of three years or less, in some cases exceeded, while in others it was less than the price formerly charged. Thus, the price charged to the counties, exclusive of clothing and breakage, at Buffalo was three dollars and ninety cents; at Utica three dollars and seventy-five cents; at Middletown three dollars and seventy-five cents; at Poughkeepsie four dollars and twenty cents.

It will thus be seen that the conditions, as above stated, have not been materially changed, so far as the counties are concerned, except that they have been relieved from annoyance and vexation in the matter of the charge for clothing and breakage and other incidental items of expenditure.

The following is the order issued fixing the charge to counties:

[Form 34.]

STATE OF NEW YORK — STATE COMMISSION IN LUNACY.

At a special session of the State Commission in Lunacy, held at the Capitol, in the city of Albany, on the 2d day of September, 1890.

Present.— Carlos F. MacDonald, M. D., President; Goodwin Brown, Henry A. Reeves, Commissioners.

In the Matter of the Charge to the Counties of the State for the Care and Maintenance of Insane Patients.

The Commission having before it estimates and special reports from the superintendents of the several State hospitals and other interested persons concerning the charge to be made to counties of the State for the care and maintenance of insane patients in the said hospitals, and said Commission being required by statute to establish a

charge for maintenance, which shall be the same for all the counties of the State, it is

Ordered, 1. There shall be charged for each patient in continuous custody under the commitment, or order, by which he is held, as follows:

(a) For the first three years or less, the sum of four dollars and twenty-five cents per week.

(b) For any period of time exceeding three years, the sum of two dollars and fifty cents per week.

2. The charges hereby established shall include food, clothing, breakage and all other charges of any name or nature, and no greater charge shall be made under any circumstances whatsoever.

3. This order shall be in full force and effect on and after October 1, 1890 and shall apply to all patients in custody on that date.

By the Commission.

T. E. McGARR,
Secretary.

As the Legislature will be called upon to make appropri- [illegible] the State Care Act, which was passed at the session of last year that [illegible]

is very short, on a fair estimate approximating six to eight years, and that of those insane patients remaining in the custody of the counties the death rate is constantly accelerating as their ages increase. Therefore, knowing what the actual reduction was during the past fiscal year, and bearing in mind that from October 1, 1889, to April 15, 1890, the county asylums could legally receive patients both from homes and from State asylums, it may be assumed that this estimate of 200 as the probable reduction in the year 1891 is a safe one.

In passing it ought to be said that some of those discharged by the courts will have to be provided for, by reason of readmission to the State hospitals. But while this is true to some extent, on the other hand, now that the superintendents of the poor are prohibited from receiving patients from any source, a larger number than heretofore will be returned to families.

The Commission would advise the utilization of the old State Asylum for Insane Criminals at Auburn, a well-constructed building, surrounded by beautiful grounds, and having a highly productive vegetable garden. At a slight expenditure it can be utilized, at least temporarily, for the care of insane women, and would readily accommodate, the plant being instantly available, 250 female patients.

It ought also to be recalled that, perhaps contrary to a general belief, there is no actual connection between the State Asylum for Insane Criminals and the State prison at Auburn. They are separated by a very high wall, which keeps the inmates of the two institutions entirely apart. There can be no reasonable objection on this score to the use of the hospital buildings and grounds for the care and treatment of female lunatics; and certainly it would be almost criminal folly and waste to let such a building, so well adapted to the purpose, and so well equipped with furniture, bedding, heating and lighting apparatus, and all the ordinary elements of a hospital plant, stand idle through an unfounded supposition that it is an inseparable part of

the State prison. It certainly should be used, at least for the present, in some such way as is outlined above; and the Commission earnestly recommends that the necessary legislation to that end be speedily had.

The opponents of State care, either through misinformation or recklessness, have persistently misrepresented the cost to the State of providing for the remaining insane now in the county poor-houses and asylums. It has been asserted, and has received wide publication in certain quarters, that this cost will run anywhere from ten to thirty millions of dollars, the St. Lawrence State Hospital being cited in proof of the assertion. In justice to the management of that institution it should be said that the statement made by the State Board of Charities, in its report to the Legislature, that the per capita cost of the institution would reach $2,500 — we are informed by members of the board that the statement was made through error — is a great exaggeration. The charter of the St. Lawrence State Hospital required that plans should be adopted providing for a total capacity of 1,500, and that estimates should be prepared upon that basis. It can be demonstrated that the per capita cost, when the institution shall have been completed, will not exceed $1,150.

Hon. Isaac G. Perry, the New Capitol Commissioner, and architect of the St. Lawrence State Hospital, in reply to an inquiry of the Commission for information as to the per capita cost thereof, replied as follows:

"The estimated per capita cost of the buildings for the St. Lawrence State Hospital, when completed to accommodate 1,500 patients, is $1,150.

"The outer walls of the buildings now erected are constructed double. The outer walls are of stone, about twenty inches thick, and the inner walls are of brick, eight inches thick, with a four-inch inclosed air space between the outer and inner walls, as a guarantee against any possible dampness. All the buildings thus far erected are also fitted with double windows. The first outlay in this mode of construction is expensive, but it insures comfort to the inmates, and great economy in subsequent maintenance, requiring much less fuel

to warm and ventilate than is needed for buildings constructed in the usual manner, from the fact that the cold winds and damp air can not penetrate walls constructed of the materials and in the manner above mentioned. Careful consideration has been given to accomplish an efficient system of warming and ventilating the buildings, a matter that can not be too carefully considered in the construction of buildings for the care of the insane."

It seems hardly necessary to say that the per capita cost for the first few hundred patients is always enormously in excess of that for a larger number. The same administration building, the same official organization, the same water supply, the same heating apparatus, the same sewerage system, the same commissary department, have to be supplied for a small as for a greater number. Upon no just basis of fact could this estimate of $2,500 as the per capita cost have been made. It should be stated, too, in relation to the cost of the hospitals of the State, although it is a matter easily understood by those who choose to understand it, that the entire cost of the asylum system of the State up to October 1, 1890, including appropriations for buildings now in course of construction, is less than $9,000,000, and this sum includes furniture and all appliances. The capacity of these institutions is upwards of 6,000, so that the entire per capita cost in round numbers is less than $1,500; and it must be borne in mind, too, that the asylum system of the State was of slow growth, without the experience which is now available, the whole asylum system of the country having been developed substantially within the past thirty years, and its cost in this State was enormously swelled by the inflated prices consequent upon the war. It is hard to see how even opponents of this reform can deliberately claim that even assuming that the whole number of 2,200 would have to be provided for by special appropriations — no money whatever for that purpose has yet been appropriated — it will cost from twice to three times as much to provide for 2,200 as it has cost to provide for 6,000. As a matter of fact, as the opponents of this measure well know, the act never contemplated the

building of new asylums. It simply provides that additional buildings shall be erected on the grounds of the present hospitals, at a cost not to exceed $550 per patient when fully completed and equipped, and even this sum may not be reached. The cost, therefore, for the number to be provided for at the beginning of the year 1892 will not amount to $500,000.

To recapitulate:

From all the foregoing it will appear that the whole number to be provided with accommodations for which appropriations have not been made by the 1st day of January, 1892, the earliest time at which it may reasonably be expected the new buildings will be ready for occupancy, will be 827, as follows:

Number remaining in county asylums and poor-houses, October 1, 1890		2,042
Orders already issued for the transfer of	309	
Number died and discharged by courts and judges	41	350
Number remaining January 1, 1891		1,692
Number to be transferred under appropriations already made	275	
Number to be provided for by present State Asylum for Insane Criminals at Auburn	250	
Number which the further completion of the St. Lawrence State Hospital during the year 1891, will provide for	375	
Estimated decrease of number in county asylums and poor-houses by deaths and discharges by courts and judges during the year 1891	200	1,100
		592
Estimated increase in State outside counties of New York, Kings and Monroe for year ending December 31, 1891		235
Total		827

The whole sum, therefore, to be asked for under the terms of the bill can not much exceed $450,000.

The foregoing figures can not be gainsaid. They represent an actual condition, and are capable of absolute

demonstration. With this appropriation granted, the required buildings completed, and the insane taken out from the county poor-houses, will have come the end of an agitation begun perhaps fifty years ago, looking towards the ultimate policy of the State caring for all of its insane poor. The care of these unfortunates will then become a State charge, and the counties be subjected to no cost whatever, except that which arises from a general State tax. It will represent a sum large, to be sure, but which can be seen in all its magnitude, can be the subject of the closest scrutiny, can have applied to it the most approved methods of finance and be surrounded with all the modern safeguards which conduce to the reduction of expenses. Under present conditions a sum much greater than that which will be necessary when the State assumes control is being expended, but it is so subdivided among the counties that its full extent is not felt or appreciated by the public at large.

Signs are not wanting, although the Commission possesses no official information upon the subject, that a determined effort in behalf of certain counties will be made to repeal or modify the State Care Act. In fact, under the lead of Chautauqua county, the boards of supervisors of several counties have adopted resolutions requesting their members of the Legislature to use all efforts to repeal or at least to bring about a change in the act. All these efforts the Commission believes should be strenuously opposed. The act should be allowed to stand and to be carried into full operation. It embodies correct principles; it is based on grounds of the soundest economy as well as the purest philanthropy; it is in line with the highest impulses of humane and Christian civilization; it puts the State's policy relative to its insane citizens back again upon the same high plane where it was intended to be placed by the passage of the Willard Asylum Act in 1865; it goes further than that act and looks directly to the assumption by the State of the entire cost of transportation and maintenance of its indigent insane, thereby laying the burden by direct

tax upon all the assessed property of the State, just as the cost of maintaining the public school system of the State is laid on property and not on persons or localities; its separate features are marked by justice and practical prudence; it has already justified in actual effect the anticipations of its supporters; and within a comparatively short time it is sure to work out a peaceful and permanent solution of all the mooted or the apprehended difficulties which attend this as they attend all other great movements in the reformation of social and governmental systems.

It is not believed, however, that a repeal of the act is seriously contemplated by any one, but it is believed that attempts will be made to materially modify some of its most useful provisions or by indirection to hamper and delay its beneficial working, through the withholding of even the moderate appropriations needed to give it full effect. The Commission, it need hardly say, has no personal feeling in such a matter; it is not impelled to advocacy of any special policy or measure for the insane by preconceived notions or bias of its own; but its judgment has been formed after mature consideration and it is convinced that in a high degree the act of 1890 is meritorious and wholesome legislation, and it therefore does not hesitate to urge that the act be upheld in its integrity. With the experience of 1865 before the people it would seem to be in the strongest sense unsafe and unwise to permit any exemptions from or injurious modifications of the act of 1890. This experiment of exempting particular counties has had a long trial and, however plausible the theory on which it proceeded, it has ended in disastrous failure in every instance. To seek to defeat appropriations, while it might be as effective a method as to obtain exemptions, would be a less honorable course of action, and in practical effect would be a refinement of cruelty. The State Care Act is a statute of the State. Until repealed or modified its provisions must be observed and enforced by the officers on whom that duty is devolved. Since its enactment the formerly exempted counties, natu-

rally enough, decline to incur further expense for improving the buildings, or parts of buildings, devoted to the use of such insane as are left to their care. Hence, if the Legislature denies appropriations to carry out the State Care Act, the condition of the insane now remaining in county asylums, bad as it was before, must inevitably grow worse. It does not seem possible that the Legislature of the State of New York, moved by influences which will not bear the light of a searching scrutiny, will deliberately try to undo the best work of its predecessor or that, while not openly and manfully essaying to reverse the settled policy of the State by repealing the act, which would be creditable and courageous, however mistaken, it will tie the hands of the officers charged with the enforcement of the act by refusing to them the funds needed for that purpose.

Upon the passage of the State Care Act, the Commission in Lunacy, realizing the utter futility of attempting to compel the counties to improve the condition of these people, was obliged to content itself with adopting the following general and simple recommendations for the care of the unfortunate insane in the poor-houses and county asylums, pending their removal to the State hospitals:

[Form 28.]

STATE OF NEW YORK — STATE COMMISSION IN LUNACY.

Recommendations Adopted by the State Commission in Lunacy, June 5, 1890, Relative to the Care of the Insane Poor in County Houses.

To the Superintendents of the Poor:

By the passage of the act, chapter 126, of the Laws of 1890, commonly called the State Care Act, the Legislature has expressly revoked all exemptions from the operation of the Willard Asylum Act, and has thereby placed all the counties of the State, except New York, Kings and Monroe, on the same footing. In view of this fact the State Commission in Lunacy, pending the removal of the insane inmates from the local institutions of those counties which were formerly exempted, as well as of those which were not exempted, deems it wise to renew the following general recommendations; and it requests

you to call the earnest attention of your board of supervisors to the importance of early action thereon, with especial reference to the danger of loss of life from fire, as evidenced in the recent calamity at the Chenango county alms-house.

1. Each corridor, associate dormitory and ward should be provided with hand grenades, and each building should be provided with one or more fire extinguishers. The bath-tubs at night should be kept filled with water, and the doors leading to the bath-rooms should be left open; pails of water should be distributed about the building in numbers sufficient to facilitate speedy extinguishment of fires; wherever a supply of running water is provided, the fire-hose, if any, should be tested at frequent intervals, the employés and attendants should be drilled in its use, and each attendant should be furnished with a key to each fire-hose closet. Safety matches, or those which can only be lighted on the box in which they are packed, should be exclusively used, and the smoking of tobacco in any of the buildings should be absolutely forbidden.

2. There should be one or more night attendants in each building, both for the purpose of properly caring for the sick, disturbed and filthy inmates, and also as an additional safeguard against the danger of fire.

3. The ratio of attendants, properly so-called and exclusive of all other employés, should not be less than one attendant to every ten patients.

4. The physician, if he does not reside on the premises, should visit the institution and see all the patients at least once in each day, and medicines should only be administered upon his written prescription. Scrupulous care should be taken that drugs and medicines, when kept on the premises, are inaccessible to the inmates.

5. All inmates who are physically able should be taken out by the attendants at least once on every pleasant day for exercise in the open air.

6. Care should be taken that every patient is supplied with suitable and sufficient outer and under clothing adapted to the season, and it should be kept in as neat and tidy a condition as possible.

7. Every patient should be furnished with three meals per day, and the sick and feeble should have a special diet under the direction of the physician. The general diet, also, should be prescribed or supervised by the physician, and should be sufficiently varied to meet the physiological needs of the system.

8. Each patient should be bathed as often as once in each week, and under no circumstances should more than one patient be bathed in the same water.

9. Clean sheets should be provided for each bed at least once in each week, and oftener, if necessary, and two patients should not be required or permitted to occupy the same bed at night.

10. The walls of the corridors and day-rooms should be hung with pictures and otherwise adorned so as to relieve the monotony and make the wards cheerful and homelike.

11. A supply of reading matter, especially local newspapers, should be furnished each ward, and religious services should be held every Sunday.

By the Commission.

T. E. McGARR,

Secretary.

These recommendations, few in number, simple in character and easy of enforcement, were urged upon the attention of the superintendents of the poor of all the counties which cared for any number of their insane. The carrying out of these recommendations did not involve any considerable expenditure; it simply involved the exercise of ordinary care and intelligence. To show, however, how little care is had for these unfortunate creatures, the Commission states the substance of the replies received to letters sent out by it to superintendents of the poor asking to what extent these recommendations had been carried into effect.

The following named counties failed to furnish any information whatever upon the subject, thus indicating that the recommendations had not been carried out and that little or no attention would be paid to them: Cattaraugus, Chautauqua, Clinton, Cortland, Erie, Lewis, Oneida, Onondaga, Oswego, Tioga, Wyoming.

Nothing can more clearly show the spirit of disregard for the unfortunate insane under their charge, and of defiance for the authorities of the State, than has been shown by the above-named counties in the matter of these recommendations.

The remaining exempted counties furnished information as follows:

Broome.—Hand grenades and fire extinguishers supplied. Bath-tubs filled at night. Smoking discontinued. Patients not permitted to have matches. Attendants sleep in each ward. Night watchman makes hourly rounds. Seven regular attendants and one supervisor have been engaged. Physician makes daily visits. Requirements 5, 6, 7, 8, 9, 10 and 11 are all fully and carefully complied with.

Jefferson.—Would not feel justified in incurring expense unless sure that the insane were to remain in the county-house.

[No such assurance could be given to this county, as the law prohibited it and instead provided for the removal of the insane patients as soon as accommodation for them could be found in State hospitals; yet no steps to better their condition have been taken.]

Madison.—Three-inch stand pipe with hose connection on each floor. Hand grenades on each floor of all other buildings, and one fire extinguishing apparatus. Bath-tubs kept filled and bath-rooms kept open. Three hydrants outside with seven hose connections each. Safety matches not provided. Only one patient permitted to smoke while at work. Filthy and disturbed patients kept by themselves. Night watch provided. Proportion of attendants, one to twelve. Physician visits tri-weekly. Patients physically well are taken out by attendants in suitable weather. Clothing kept clean. Three meals furnished daily except on Sundays. Patients are bathed as ordered by Commission. All have single beds, with clean sheets, as directed. Pictures for the day-rooms we expect to have soon. Reading matter in sufficient quantity supplied.

Orange.—Have had eight hand grenades on each hall for many years. Also hose packed away in closet on each hall, attached to a tank, which can be used at a moment's notice. With this hose the halls in the asylum can be flooded in a few moments. No fire of any kind is allowed in the asylum building. Steam is used for heating purposes. We have carried out your recommendations as far as we possibly can with the conveniences that are in our possession.

Queens.—Hand grenades in each corridor supplied. Fire extinguishers purchased. Bath-tubs kept filled and bath-room doors kept open. Pails filled and kept about the building. No night attendants. One night watch. Balance of recommendations complied with except in one instance.

Suffolk.—Restrained from expending much money by belief that inmates would soon be removed from the asylum.

Ulster.—Hose attached to water tank. No hand grenades. No fire extinguishers. No safety matches. No night watchman, except in case of sickness. Ratio of attendants not increased. Physician visits tri-weekly; daily, if necessary. Drugs not accessible to inmates. Patients not taken out by attendants as required. Recommendations 6, 7 and 8 complied with strictly. Pictures not furnished. Religious services held every other Sunday.

Chenango.—[Patients removed before these recommendations were made, although recommendations had previously been made.]

Of the foregoing counties formerly exempted from the operation of the Willard Asylum Act, all of whose asylums (with the exception of Chenango, whose patients were removed immediately after the fire) contained insane patients at the time these recommendations were made, only five appear to have given the matter any consideration or to have endeavored to improve the condition of the unfortunates under their charge. A careful study of the replies received will show how far short of complying even with the simple recommendations made by the Commission the action of the county authorities has fallen.

In Broome county the physician is reported as making daily visits. In Madison the physician is shown to have visited tri-weekly; also in Ulster. In Orange it is not shown that the physician visits at all, although it is fair to presume that he does occasionally, as heretofore, and the same may be said of Queens. It is noted, too, in Ulster that religious services are held every other Sunday.

In only three instances is it shown that the patients are bathed once a week and that each is provided with separate water. Silence on this subject obviously signifies that unless further facilities for supplying water were provided, it would be impossible to furnish each patient with fresh water, especially in the cold season of the year.

It will be seen from these replies that the position which the Commission has maintained is absolutely tenable, namely, that the county authorities, by reason of the lack of proper facilities and proper training, or from whatever

other cause, are either unable or unwilling to give a proper degree of even custodial care.

It has been urged by certain opponents of this reform that the practical effect of the act will be to enormously increase the number of the insane to be cared for at public expense; that the State hospitals will be overcrowded with feeble-minded paupers; that the moment the State assumes the entire charge of all its indigent insane, the counties would have no further interest and would exercise no further vigilance such as formerly served to prevent the pauper insane from becoming county charges; that the evil will become so extended that the State would be unable to successfully cope with it; and that therefore a return to the old system must be had. In this discussion it seems to be overlooked that State hospitals for the insane usually are not places where even the pauper desires to go; that they are actually places of confinement; that in them people are deprived of liberty and their actions are constrained and controlled; and that under the restrictive conditions necessarily imposed therein, even the most shiftless pauper would hardly care to enjoy such benefits, comforts and surroundings as these hospitals afford. But even if there be danger of such a result, and admitting that through carelessness or ignorance, or possibly willfulness, persons of the class mentioned — feebled-minded paupers — might be committed to State hospitals for the insane, it is still certain that the evil could never attain to any formidable proportions. No patient can be rightfully received into State hospitals, or, if wrongfully received, can be allowed to remain therein, except he or she be legally insane, that is, so far insane as to require care and treatment according to the intent and effect of the law. It is not every person, even if partially insane, who can be admitted to a hospital and restrained of his or her liberty; he or she must be so insane that it is dangerous either to themselves or to others to suffer them to be at large. Persons may be mentally impaired, but not so insane as to

cause annoyance or danger to themselves or to others; and yet, if such a person were admitted through the fault of two presumably competent physicians and a judge of a court of record, the superintendent of the hospital, who certainly can not have any interest in the matter, would be obliged to discharge such person from custody. It is likely, too, that it will be found that this act will operate in a widely different manner. It now frequently happens that persons are certified as insane, whose insanity, while unquestionable, is of a mild type, for instance certain inmates of poor-houses and county asylums, who are permitted to remain there by reason of the inability, through lack of training, of the physicians who have charge of these places to discriminate between a case of insanity which requires care and treatment in an asylum and one which does not. These cases, many of them, when they reach the State hospitals, would be discharged from custody and be restored to home and friends or permitted to go their way and be cared for according as their circumstances might require. Certainly there can be little question but that the operation of the law, as it stood prior to the passage of the State Care Act, was directly in the line of encouraging pauperism. For example, here is a man who is a self-respecting and self-supporting citizen, who has earned his own living without the aid of the public, or if he happened to be overtaken by some infirmity, has been supported by relatives or friends. Should this man become insane, having no means of his own and no friends or relatives who could provide the necessary means, he becomes an inmate of a State hospital as a public charge. His residence in the State hospital does not degrade him. It has none of the poor-house flavor about it. Neither he nor his friends regard him as a pauper. He has never felt the effect of the disgrace of pauperism. After the close of his term as an "acute" insane person, he is removed to a county asylum, generally in close conjunction to, if not indeed a part of the poor-house—the whole establishment exhibiting all the general features of pau-

perism. Necessarily in this place he comes to feel his surroundings, to feel that he is a pauper in name as well as in fact, and his self-respect vanishes accordingly. After a time this man, by reason of his disease having run its course, or its violence being so far abated that it is safe for him to be discharged, his sense of shame having now departed, his friends feeling that he has been an inmate of a pauper institution and seeing but little difference between the county asylum and the poor-house, ask: Why not permit him to remain? he, himself, in the meanwhile, offering little or no objection. This, the Commission believes is not an imaginary picture; it is a condition which often occurs; and there can be no doubt that the whole tendency of the former system, instead of diminishing pauperism, was to directly increase it.

The Commission believes there is only one way in which even the apparent number of insane can possibly increase, to wit: It is highly probable that these wretched creatures, removed from their former surroundings into the comforts of a State hospital, will live longer than they would otherwise have done. Certainly it can not be denied that the death rate is much lower in the State hospitals than in the county institutions; and if good food, good clothing, comfortable beds, pure air, good treatment, are conducive to longevity, then this change of conditions can hardly fail to prolong the lives of the transferred patients, and to apparently increase, so far as statistics go, the number of insane in the State. But who, it may be asked, will say that these poor creatures shall be kept in their present state of wretchedness, in order that their ranks may be more rapidly thinned by death. It is believed, too, that so far from there being any actual increase, the number will decrease in this way: Heretofore, under provisions of law which permitted the insane poor to be discharged to county superintendents of the poor, many of them, doubtless, discharged as cured, were taken directly by the superintendents of the poor to the poor-house, and there kept; whereas, under the present system, which provides that no insane person shall be discharged to the custody of the

superintendent of the poor, in the opinion of the Commission, the result will be that these patients will be discharged into the custody of relatives and friends, by whom they are not so likely to be confined in the poor-house. Certainly the tendency must be in this direction, rather than in the other, as pre-existing conditions often made the State hospitals a tender to the poor-houses.

It has also been urged that another effect of the State Care Act will be to injuriously overcrowd the State hospitals. Overcrowding is a relative term. It is difficult to say exactly under what circumstances overcrowding exists. In some instances, to be sure, it is easily recognized; in others not so easily. The Commission, however, after a careful investigation of the subject, believes that there is not the slightest likelihood for some time to come of the State hospitals, with their present accommodations, being seriously overcrowded, even after transfers, immediately contemplated, have been made. It must not be forgotten that these hospitals, most of them built in conformity to ideas now largely regarded as antiquated, have enormous room space, the ceilings of some being from fifteen to twenty feet in height. Many of the rooms are of great capacity, consequently the supply of fresh air can hardly be exhausted. Under existing conditions, for a great number of cases, the dormitory system is coming into vogue in preference to the old single room method. Hence, it is believed that a greater number of patients can be taken into the State hospitals than now find room there by simply increasing the number of attendants. The Commission desires not to be misunderstood upon this point. It does not advocate actual overcrowding; it believes these people should all be given proper treatment; that each should have sufficient room space, air space, room for exercise, etc. On the other hand, it believes that the State hospitals might better be a little more crowded than they now are, rather than that the suffering insane in the county poor-houses and county asylums should remain in a condition of wretchedness, squalor and degradation.

PART VI.

COUNTY CARE OF THE INSANE.

This subject being closely allied to State care of the insane, it might have been considered with or as a part of that subject; but the relation of the counties to the care of the insane having become a matter of large importance, the Commission deems it wise to discuss the subject separately.

It can not be denied that, under the theory of State government as understood a hundred years ago, the counties were permitted to care for not only their criminals but their insane, and in fact for all of their dependent classes. The exercise of the sovereign powers of the State at that time was rare in comparison with that which now obtains. It might further be said that, in those days, through an extension of the principle of self-government, the town sometimes claimed the right to care for its dependents instead of the county. Those familiar with the history of the State recall the horrors incident to the care by towns and counties of felons, and they recall the agitation which resulted in the establishment of the first State prison at Auburn, and the subsequent extension of the system by the building of prisons at Sing Sing and Dannemora, until the principle became firmly established that the State should care for its felons, although their conviction was a county charge. Whatever reasons may have existed for the assuming by the State of the care and custody of felons, exist in a ten-fold degree in the case of the insane. The felon possesses reason, and, within the limits allowed him, is capable of caring for himself, of making his wants known, of supplying those things which a person naturally will supply for his own comfort and condition. Not so with the insane, however. Their very helplessness, the difficulty of understanding them and of believing what they say because of their mental aberrations, render them a class peculiarly entitled to the watchful care of the State; and so far back as fifty years ago

the principle was recognized that the State should assume the care of at least a portion of the insane, the Legislature being then content to legally divide the insane into two classes and to declare that one, the acute insane, should receive its beneficent care and treatment. Since the time of the passage of the act in 1865, establishing the Willard Asylum for the Chronic Insane, no one, not even an advocate of what is known as the mixed system of State and county care, ever seriously pretended that county asylums were expected to do anything more than furnish merely custodial care for the chronic or incurable insane. The whole theory of this system is based on one underlying idea that certain of the insane after a greater or less progress of the disease are incurable, and that, therefore, it makes little difference where they are cared for so long as they are fairly comfortable. The question of curability of the insane being separately treated (See Curability of the Insane, page 62), the Commission will not reiterate the argument in support of its position. But if the county care contention should be admitted to be correct, it is certainly strange that the earnest champions of that plan should claim that more cures result from it proportionately than from the former system of the care of the chronic insane by the State, and yet this claim has been gravely and even officially put forth. A circular has recently been issued by a committee of the Chautauqua county board of supervisors which, among other things, says:

"The first question to be considered in this connection is whether the insane can be as well cared for in the county as in the State hospitals. To this we reply, yes. And our answer is based upon our judgment of the practicability of the county system of Chautauqua county, and the results accomplished by it.

We have as good medical attendance as any State hospital. Our buildings, from a sanitary standpoint, are as complete; our patients have all the freedom that is consistent with any degree of restraint, and are in as good physical condition as are the inmates of the State hospitals. In brief, considering all of our advantages, we challenge a comparison with any hospital in the State."

From the foregoing it will be seen, that the board of supervisors of that county would appear to believe that their system of care is as good as that which obtains in the State hospitals, and that fully as good results are secured from it. It would hardly seem necessary to seriously undertake to refute this proposition, but as assertion is often confounded with truth, it will be proper to say a few words upon the subject. No one denies that even custodial care of the insane assumes that they shall be properly fed, clothed, attended, and given adequate medical care, even though with no reference to their cure. Now, when it is understood that the cost of caring for the Chautauqua county insane amounts to less than one dollar and fifty cents per week, including clothing, breakage and attendance; and when it is further recalled that the cost of caring for any class of people diminishes proportionately as the number increases, and that the number in the Chautauqua county asylum is comparatively small, only about 100; and when it is considered that the cost, for example, of caring for the chronic insane, including clothing and breakage, at the Willard State Hospital, where over 2,100 are under one management, exceeds two dollars and fifty cents per week, it becomes certain that either vast sums of money are misapplied at the State hospitals, or that the standard of care at the State hospitals must be far superior to that maintained in the Chautauqua county asylum. It would hardly be claimed by the counties that the difference in cost of the two systems as thus illustrated can be accounted for in this way. Take, too, the medical care. Without drawing invidious distinctions, it is hardly to be supposed that the attending physician of the Chautauqua county asylum would claim that he had any special knowledge of insanity or was specially well qualified to treat it. But even if he were, he is engaged in general practice which, presumably, demands the most of his time. He is said to visit the asylum once each day. His compensation for caring for the insane, however, does not exceed the gross annual sum of $300. Therefore, it can be seen how much of his time he can

afford to bestow upon the 100 (more or less) patients under his charge. Would anyone seriously claim that this medical attendance compares with that furnished at the Willard State Hospital in any appreciable degree? At this point, as indicating the kind and quality of medical attendance received by the patients of the county asylums, verbatim extracts are given from a letter received by one of the commissioners from a physician who has been employed as a resident physician in the care of the chronic insane in a county, a part of whose patients have recently been removed to a State hospital under the provisions of the State Care Act, and who solicited the Commissioner to procure his appointment as a physician in one of the State hospitals, only omitting names and places. The letter itself probably indicates in a fair degree the capacity of the physician, as well as the state of affairs at the institution with which he was connected, and thus illustrates the utter fallacy of the claim that the medical care furnished for even custodial purposes is approximately equal to that furnished by the State:

"You will pleas allow me to communicate you in regard to a position at Stat Hospital.

"I feel somewhat perplexed in asking of you this favor of recommendation, as I am almost an entire stranger to you. Having met you at with and a second time, at the same place, the latter of which you may now recall.

"It was nearly a year ago that I meet you at the , when I asked about the advisability of coming to this place, as I was then inturn at Hospital. You may remember what you said about the place and the probability of Stat care in a short time. Through the urgency of , I left the hospital, and eccepted the position.

"You being somewhat acquainted with my predecessor, and other Matters pertaining to the management of the institution, it may not be necessary for me to inform you of the *extreemly exasperating* and difficult manner under which I have endevored to maintain and to preform my official duties as resident physician of the asylum.

"Having once gotten into a difficult place, I determined not to be troden upon or driven away with reflexions cast upon me. I there-

fore have endevored to preform those duties as becoming to the profession in this position. Often have I thought I would be obliged to inform the 'Commission in Lunicy' of wrongs which, if not corrected by officials here, should be by others.

"Physicians in the know my character and qualifications, Would be greatly thankful for any favors you could give."

As this contention is also supported by the claim that the county system is the cheapest, it will be proper to cite one or two more examples. Ulster county, all of whose male patients have recently been removed to a State hospital, officially reported for the present year that the care of her insane cost the county one dollar and twenty-five cents per week, including clothing and breakage. Lewis county, too, reports the per capita cost to be one dollar and five cents per week, but, inasmuch as the accounts of the poor-house and asylum are not separated, the food supplies being purchased jointly, it may be fair to assume that the insane receive additional care and therefore the cost might fairly be fixed at one dollar and twenty-five cents per week. These examples could be multiplied all over the State. At best they indicate that the cost of caring for the insane is certainly half that charged by the State for a similar class, or for those who have been under treatment an equal length of time, the State charging only two dollars and fifty cents per week, including clothing and breakage, for the class formerly denominated as chronic. Probably few even of the most earnest adherents of county care, when closely pressed, would deny that the care furnished by the State is vastly superior to that given by the county, but it is urged that it is extravagant and that this class of the insane do not require that kind of treatment. Granting for argument's sake that this is true, it may be still held that these poor people, with wholesome food, and plenty of it, with good beds, with good air, with plenty of attendance, with skilled physicians, with music and dancing, and other amusements, are much more comfortable and far happier; while the difference in the cost, assuming the most that can be claimed, can not exceed one dollar and twenty-five cents per week, and, as the whole

number throughout the State, at the time of the passage of the State Care Act, was about 2,200, the difference in the cost of the two systems per year could not exceed $143,000; or, to be more specific, take the case of Chenango county: Chenango county at the time of the burning of her asylum, with all its attendant horrors, had about forty insane patients, who were transferred at once to the Utica State Hospital. The cost of caring for these people in the county asylum was said to be one dollar and twenty-five cents per week. This county now pays for each of these patients a sum not to exceed two dollars and fifty cents per week, or a difference during the entire year to the county of about $2,600. Now is the State of New York prepared to say that one-eighth of the committed insane of the State shall be denied the privileges of personal comfort and the opportunities for recovery which the other seven-eighths have, merely to save so comparatively small a sum? Do the people desire that, for no other object than saving to the counties of the State so insignificant a sum, their husbands, wives, fathers, mothers, brothers, sisters, who may be afflicted with insanity and forced to abide in county asylums, shall be doomed to indefinite subjection to a system which involves so much of degradation and of wretchedness?

The Commission regrets the necessity of citing particular counties, but in the case of Chenango county it would seem fit that some further mention should be made. This county, through its board of supervisors, has recently "instructed" its representatives in the Legislature to favor any modification of the State Care Act or its repeal. In 1889, in the fall of the year, two of the Commissioners visited the Chenango County Asylum. They found a small, illy-adapted and poorly-equipped building in use for the insane, situated less than twenty-four feet from the poor-house, and closely related to the same in its management. This so-called county asylum had about forty patients. They were cared for by a keeper, his wife and a hired girl. These three overworked people were obliged

to look after the needs and comforts of forty helpless insane. To their credit, it is proper to add, they evidently did it as well as they could, exerting every means in their power to make the best use of the few facilities they had. At the time of the Commissioners' visit the patients were given two meals a day — the first, a breakfast at about 9 o'clock in the morning; the second meal, a combination of dinner and supper, at about 4 in the afternoon. At night a portion of the inmates were locked in slatted rooms by means of padlocks; others of their number, certain of the women, were taken to the attic, or rather the garret, for such it was, to sleep, no artificial heat being provided. It was in this institution, by the way, that a filthy woman was constantly padlocked in a chair commode, the keeper explaining that he did not know what else to do with her, as she would otherwise soil the whole place. (For further description see page 65 of the report of the Commission for 1889.) This institution was entirely without fire protection; in fact, a more dangerous place in this respect could hardly be found. The "medical attendance" was given by an aged physician, who lived a few miles distant, and who came occasionally, in the discretion of the superintendent of the poor, and who received a compensation of one dollar per visit. There were other features which might properly be spoken of as showing the wretched care which the insane of this county received, the wonder being that it could have cost even the sum of one dollar and twenty-five cents per week. Soon thereafter the Commissioners made certain recommendations in detail in relation to this institution, the keeper having requested that they be prepared early in order that they might be placed before the board of supervisors. Among other things the Commissioners recommended that fire protection be provided. The recommendations were promptly placed before the board of supervisors, and after its adjournment the Commission asked of the superintendent of the poor information as to the extent to which the recommendations had been complied with. This officer replied that they had been com-

plied with to the extent of employing an additional "hired girl." Soon after the passage of the State Care Act, the keeper of the poor-house wrote to the Commission, asking how soon the patients would be removed to a State hospital. But before a reply could be made a fire broke out in the poor-house, which utterly destroyed both it and the asylum, and several inmates perished in the flames, although the records in the office of the Commission show that none of the certified insane were burned. The horrors incident to the burning of this institution are still fresh in the minds of the public; but, as showing one of the frightful risks incident to this system, and almost inseparable from it by reason of the inability or unwillingness of the counties to furnish sufficient protection, the particulars of this fire, as furnished by press dispatches, are appended:

"Utica, *May* 8.

"The Chenango County Poor-house and Insane Asylum at Preston were entirely consumed last night. The fire was discovered about 11 o'clock in the north wing of the poor-house building, where the idiots were kept. There were no provisions for extinguishing the flames. The keepers and neighbors gave their attention to getting out the 125 paupers and insane and let the building burn. These were all rescued, but eleven idiots are missing in the ruins. Six bodies can be seen slowly burning. The other five are supposed to be covered up. The poor-house building was three stories high and built of wood. The insane asylum was also a wooden building, two stories high, and only separated from the poor-house by a driveway. The property was estimated worth $20,000 and is insured for $20,000. The Universalist and Baptist churches have been opened for the reception of the unfortunates. The names of the dead, so far discovered, are: Sarah Mills, Sarah Gallagher, Sarah Bailey, Laura Gray, Delia Benedict, Deborah Dibble, Mary Ann Dibble, Lucy Warren, Amelia Atwood. At least four others are yet unaccounted for, but it is believed that most of the missing are either in the neighborhood or in the country."

"Norwich, *May* 8.

"Deborah Dibble was one of the old women in the idiot ward of the county poor-house of Chenango county, at Preston. All her life she had been an inveterate smoker and clung with obstinate

tenacity to an old clay pipe which was given her about a year ago. She was smoking away about 11 o'clock last night when the night keeper passed through the ward on a tour of inspection. Everything was all right and old Deborah Dibble was the only person awake. Half an hour later a shrill scream was heard and a bright light showed out of the window of the ward in the right wing. When the keepers reached the idiot ward, they found old Deborah Dibble lying on the bare floor wrapped in flames while the other poor idiots ran to and fro, trying to escape the flames which were licking the bed clothing and curling about the few bits of furniture in the room. So fierce was the heat and so rapidly had the fire, which was started by the embers of old Deborah Dibble's pipe, spread, that the keepers were compelled to retreat to save themselves. A few of the idiots babbling and jabbering ran down with the keepers, who cried the alarm as they went. All around were farm-houses, and messengers were rapidly sent for help. The lunatics were released from the different wards as soon as possible. Altogether there were about twenty and it was feared that if they mingled with the more tractable patients there would be a general stampede. The majority of the violent ones, however, made directly for the woods and for hours afterwards they could be heard screaming and yelling in the adjacent forest. Attention was given to the saving of life, and the nurses and keepers worked with a will to get the poor wretches out. In their wild efforts to escape some of the patients were badly burned. Those in the poor wards were saved without trouble, as that portion of the building was furtherest removed from the wing where the fire started. About 2 o'clock the building began to crumble and succumbed to the fury of the fire. It was an awful night for the nurses and attendants. They hardly knew what to do or which way to turn until finally some half dozen of the good-hearted farmers offered their houses and barns as a place of refuge for the imbeciles. The doors of the two little churches were thrown wide open and temporary headquarters arranged. The keeper of the solitary hotel of which the town boasts offered shelter for those who were still unprovided for. Some of the patients were so badly burned that they fell to the ground as soon as they reached a place of safety.

"There are still a number of violent patients in the woods. Most of those who escaped had been kept in the closest confinement on account of the peculiar nature of their maladies, and it was not safe for them to be at large.

"The posse of the sheriff is scouring the country in search of the fugitives. Two of the seven who were captured were found five miles away and resisted vigorously before they allowed themselves to be retaken."

At the time of the visit of the Commissioners they pointed out to the keeper the great danger of fire, and they earnestly urged that some precautions be taken; in their recommendations suggestions were made, which, if carried out, would have cost but a small sum of money, and might have been effective in time of need, yet even these were not complied with, thus showing indifference to the subject.

Amid the manifold evils of this system all sorts of abuses flourished, but the most appalling were those which, through the action of the superintendents of the poor, resulted in an increase of pauperism and a denial of the right of the insane to every opportunity of restoration to sanity. Under that system, for example, a patient who had never been admitted to an asylum might, if the certificates showed that his case had been one of considerable duration, or that he had suffered previous attacks, be declared "chronic" by the superintendent of the poor, and either moved directly to the county asylum or taken to the State asylum for the chronic insane. Often it was not even a matter (instances of this practice could be multiplied) to be referred to the physicians of the county asylums, the superintendents of the poor acting upon their own unenlightened judgment as to whether incurability had set in. Then, too, discharges under this system were often made when they should not have been made. Cases of recurrent insanity were often permitted to go at large, only to be re-examined, and all the expense resulting from fees, mileage, etc., to be incurred again; whereas, if such cases had been sent in the first instance to a State hospital, where proper treatment could have been applied, there is no question but that many of these unfortunates would have been really cured and restored to home and friends, clothed and in their right minds, again to become self-sustaining and wealth-producing citizens. The "cures" reported and boast-

fully referred to as showing superior results from these county asylums, in most instances would not bear the least critical examination, but would be found to be a sham and a delusion.

PART VII.

CURABILITY OF THE INSANE.

From the time of Pinel, if not before, insanity has been regarded as a physical rather than a moral malady, and as such susceptible of cure. This has now come to read like a truism, but it needs to be repeated frequently.

Events in this State have shown that there are those who deny that certain of the insane are curable, and who contend that after a greater or less length of time has elapsed or certain circumstances have arisen, further effort in the direction of cure should be abandoned. It is not believed, however, that this pretense is seriously accepted by any but the ignorant and unreflecting. The exigencies of defense of a wicked statute have forced many of the enemies of State care for the insane to take the untenable ground that the limit of curability can be determined.

Except for the passage of the State Care Act, it is not likely that very much would have been heard of this claim, but as usually is the case when a bad cause has to be defended, its defenders are not scrupulous as to the means they employ or the misstatements they make.

The subject is very important at this time, for upon the truth of the assertion that the period of curability can be defined is laid the whole weight and strength of what is known as "county care of the insane." The friends of this system, as it existed under what is known as the "exempted county act," have never claimed and do not now claim in any public argument or writings that the system contemplated the care of the curable insane. It is all based on the theory that the counties could care for certain of the chronic insane with less expense than the State; that being chronic, such insane might as well be cared for in one

place as another, and that at best only custodial care was required.

As showing the absurdities in which the advocates of a bad measure are always involved, it is only necessary to point out that in the attempt of the friends of this system to maintain what they believe to be its usefulness, they actually claimed that proportionately to the old State system of caring for the chronic insane twice as many cures were effected in the county as in the State asylums. Even admitting the claim to be true, it utterly destroys the force of their argument that these insane are incurable. But, as a matter of truth, the claim of "cure" is utterly fallacious. To be sure, there are exceptional cases of insanity which may be said to recover without aid, cases where the disease has spent its force, and where the person would recover without any special treatment; but, in passing, it may be said that admitting the claim that these counties cure twice as many patients as the State hospitals for the chronic insane, then it would be worth while to cast aside all modern methods of treatment, to dispense with physicians, with medicines, with everything that partakes of the hospital character. For certainly in none of these things can the counties justly claim that they have done more than make a bare pretense. Does anybody suppose that any large number of the insane can be "cured," who are cursorily visited triweekly by an ordinary practitioner, who never has had any training in the care and treatment of the insane nor special education upon the subject, who practically has no means or facilities whatever at his hand, and who on an average gives not more than one hour out of the twenty-four to the unfortunate patients who are not even under his official control.

Curiously this whole contention for the care of their so-called chronic insane, by the counties, at the time of the passage of the act. involved only one-eighth of all of the insane in the State. At this time there are in round numbers 16,000 in the State; 14,000 are constantly given care

and treatment not only with reference to their physical comfort and general welfare, but also to their recovery. It is worthy of note, too, that this barbarous act of 1842 was not applicable to the whole State. The counties of New York and Kings were not subject to its operation. These counties since that time, and Monroe county for the past twenty-five years, have treated all of their insane with reference to their curability, no matter how long the disease has been in progress.

Unless it can be shown that an insane person is beyond cure after a definite period has passed, or upon the arising of certain conditions, it is nothing less than barbarous to withdraw from him the means of cure. But admitting the contention, it may be pertinent to ask at what length of time or under what circumstances or upon whose dictum or judgment shall incurability be predicated. Of course, it will readily be admitted that of the unfortunate insane no very large part of the whole number is likely to be cured. The nature of the disease oftentimes is such as to baffle the most skillful treatment, but, while it is freely admitted that the opportunities for recovery grow less and less as the disease continues, it is undeniably true that recovery may occur at any time, and instances are not wanting of the unexpected occurrence of recovery in cases of many years' standing, cases in which the hope of recovery had long been abandoned. Hence, shall any one say that even after as long a period as five years—the time now being generally less than two years—a person shall be deemed to be incurable, and for the mere economy of saving half the expense of care and maintenance, be committed to a county poor-house, or, what is not much better, a county asylum for the insane, as the term is now and has been understood in the discussion of this subject.

Is the State of New York, granting all that can be said upon the subject, prepared to show to the world the spectacle of seven eighths of its public insane munificently cared for, with every appliance of skillful treatment which

medical science suggests, while the other unfortunate one-eighth is doomed to incurability and dismissed to wretched surroundings, to cold, squalor, wretchedness and filth, as many of the inmates of these institutions unquestionably are.

It is pretty well agreed that the very word "chronic" as applied to the insane, has tended to prevent recovery, and, in many instances, has added to insanity, the element of desolation and despair. Within the past two years the Legislature was petitioned to change the name of the Binghamton Asylum for the Chronic Insane to the Binghamton Asylum for the Insane. Following this elimination of the word "chronic," the word "insane" was stricken out, and by a beneficent act of the Legislature of last year all of the State institutions for the care and treatment of the insane are now denominated State hospitals.

Even with the degree of comfort and care bestowed by the Binghamton and Willard hospitals, formerly operated expressly for the care and treatment of the chronic insane, but happily now treating all with reference to their curability, instances were frequent of insane patients who were about to be transferred there, afflicting themselves and their friends by yielding to the most frantic lamentation, solely because of the belief which they entertained that, from that time on, they were to be given over to the unchecked ravages of their disease. Without going too much into the history of the establishment of the Willard Asylum for the Chronic Insane, it is worthy of note that in no other State in the Union (with possibly one exception) has that system, now so happily abandoned, been followed, New York being the only one to fall into such an error. The establishment of this asylum upon the lines of chronicity or incurability was opposed by the late distinguished alienist physician, John P. Gray, who, in October, 1865, in the *American Journal of Insanity*, wrote as follows:

"And when to those evils we superadd the double stigma of '*pauperism*' and of '*incurability*,' all hope is extinguished in the

breast of the patient, his self-respect is impaired, and his irretrievable degeneration secured. Truly over the gateway to such institutions should Dante's inscription to the portals of hell be written:

'All hope abandon — ye who enter here!'

"All are aware of the powerful influence of hope in recovery from disease and the disastrous consequences of its opposite, despair. In no class of maladies are the beneficial effects of desire joined to the expectation of recovery more manifest than in insanity. Deprived of 'auspicious Hope,' branded with '*incurability*' (the medical solecism of pronouncing any patient incurable we deem hardly worthy of notice; for, as the eminent Dr. Kirkbride remarks, 'this is a condition which can be predicated by Omniscience alone),' under the two-fold burden of disease and despair the sufferer from chronic lunacy drags through his miserable life. And as if this were not enough we affix the stigma — for so it is regarded by our people — of *pauperism*, forgetting the fact that generally pauperism is the effect and not the cause of insanity. Pauperism, the result of vagrancy and vice, finds few representatives among the insane. The great majority of patients in asylums come from the industrial, producing classes. In various spheres of usefulness they have contributed their proportion to the prosperity and advancement of the State. Rendered unserviceable by no fault of their own, stricken in God's providence by disease, they are not paupers in the true sense of the word, but their cure and maintenance is the payment of a debt due from society."

The following table is appended as showing the percentage of cures effected in each of the State hospitals, as reported by the medical superintendents thereof, for the year ending October 1, 1890, estimated upon the average daily population. Properly speaking, the Binghamton and Willard State hospitals at this time should be excluded, for the reason that prior to the passage of the State Care Act, nearly all of their inmates were of the so-called chronic or incurable class, but as refuting the claim of incurability it may be noted that even in these hospitals a certain percentage of cures is reported:

Hospital.	Percentage of recoveries.
Utica State Hospital	19.53
Buffalo State Hospital	29.19
Middletown State Homœopathic Hospital	18.16

Hospital.	Percentage of recoveries.
Poughkeepsie State Hospital	18.00
Willard State Hospital	.60
Binghamton State Hospital	1.55
State Asylum for Insane Criminals	3.56
Average percentage	12.94

Heretofore one of the State hospitals has incorrectly proclaimed a much higher ratio of recoveries and a much lower ratio of deaths than those of any other hospital, simply by estimating the percentage of recoveries on the number discharged and the percentage of deaths on the whole number treated, methods which it need scarcely be said, are calculated to show, on the one hand, the highest ratio of cures and, on the other, the lowest rate of deaths; whereas, in the other institutions these percentages are very properly estimated on the average daily population.

PART VIII.

"Pauperization" of the State Hospitals.

This subject, which might have been discussed in that portion of the report which treats of the State hospitals, nevertheless, by reason of the importance which seems to have been attached to it by opponents of the State Care Act, is deemed worthy of special consideration. Indeed, had no such attacks been made, it would have been worthy of separate notice by reason of the confusion which exists in the minds of many who have not given the matter proper consideration as to the great majority of the class of people who are inmates of the public hospitals for the insane. The Commission does not believe that the justly obnoxious epithet of "pauper" should be applied indiscriminately to all classes of persons who have become, generally through no fault of their own, subjects of public aid, and this is more especially true of the insane. It must be borne in mind that nearly eighty per cent of the inmates

of the State hospitals, exclusive of Willard and Binghamton, are cared for wholly at public expense.

The Legislature many years ago, recognizing the injustice of indiscriminately stigmatizing as a "pauper" every insane person who might become a public charge, attempted to mitigate the evil by passing what is known as the "Indigent law." It provided that a person, who, for example, possessed small means in addition to his daily earnings, and who, when such earnings were cut off by the visitation of insanity, would leave his family destitute, might, upon due investigation, be admitted into a State hospital for a definite length of time, which ordinarily could not exceed three years, and be cared for at public expense and be denominated as an "indigent" patient. It is difficult to see the difference between persons so committed and persons directly committed by the superintendents of the poor—the latter class forming a vast majority of the whole. Both classes are to be provided for at public expense, and the mere difference in the circumstances of the admission does not constitute one a "pauper" more than the other.

It should be remembered, too—the fact is well established—that the true pauper rarely becomes insane; and it has been estimated by careful observers that not over five per cent of the inmates of the State hospitals, or, in fact, of the so-called county insane asylums, were ever genuine paupers.

The poor and indigent insane are recruited almost without exception from the ranks of the hard-working, industrious and self-supporting classes. To be sure, some portion of even these may owe their insanity to their excesses, their indiscretions, or to riotous living; but of this class probably a less proportion than of the wealthy, whose means enable them to gratify their passions and to give free rein to vicious propensities, owe their insanity to these causes.

An examination of the table of occupations of patients admitted during the past two years to State hospitals shows a representation of skilled trades and occupations as follows: Carpenters, eighty; clerks, ninety-two; machinists,

twenty-eight; painters, twenty-eight; printers, twenty-two; shoemakers, thirty-six; tailors, thirty-eight.

The professions were represented as follows: Clergymen, thirteen; lawyers, twenty-five; physicians, twenty-four; teachers, fifty-one.

In addition to the above there are to be found on the list 410 farmers and farm laborers, 889 housewives, thirty-eight nurses, thirteen salesmen and saleswomen and nineteen students.

The table further shows that in a total of 3,755 patients admitted only 225 are entered as having no occupation.

It may be noted that the records of all these inmates fail to show more than one per cent as having been originally committed as insane from the poor-houses; that is to say, of persons who in any proper sense could be called paupers.

If it be assumed that all persons supported at public expense are "paupers," then it must be admitted that a total of 5,500 out of the 6,000 inmates of the State hospitals, having been admitted as public patients, and most of them upon orders of the superintendents of the poor, "pauperize" these hospitals so far as they are well capable of being "pauperized." If these patients are not made "paupers" under such circumstances, it will be pertinent to inquire why. Is it because of the presence of about five hundred pay patients scattered among their ranks? It is difficult to see how, in either case, the character of these institutions is to be changed by the admission of a few hundred more of the public insane patients, since the conditions would remain just the same as they are now, and under the operation of any law that is likely to be enacted, there will be a certain number of private or pay patients.

The cry of the "pauperization" of State hospitals, which arose upon the passage of the State Care Act, can have only one meaning; indeed, it is not denied that all it means is that the transfer of the insane poor from county to State institutions will result in the pauperization of the latter.

It is worth while to go a little into the history of this matter. The Utica State Hospital, or State Lunatic Asylum, as it was then called, was established nearly fifty years ago. Prior to that time, the insane poor of all classes were mostly cared for in poor-houses, as there were substantially no other means of providing for them. At that t me, insanity under certain circumstances and after a certain length of time being regarded, at least by the public and by the Legislature of those days, as incurable, provision was made in the charter of this institution that the insane poor, after a greater or less length of treatment, often not more than six months in duration, if not cured, might be removed to the county poor-house, upon the superintendent's "certificate that he or she is manifestly incurable and can probably be made comfortable at the poor-house." Therefore, under the operation of this law (it has been applied to all "acute" State hospitals erected since its enactment), all so-called acute cases were to be sent to the Utica asylum in the first instance, and, if recovery was not had, they were to be transferred back to the poor-house.

To be sure, about twenty-five years ago, upon the establishment of the Willard State Hospital, the chronic insane poor were to be transferred to it, but all of this is referred to simply for the purpose of showing that nearly all insane persons now in the county asylums or poor-houses of the State were, at one time, inmates of a so-called acute State hospital, and enjoyed the advantages of care and treatment until the law said that such persons must give way for newer or more recent cases, even though a possibility existed (and perhaps a probability), that such persons might have recovered within a short time after such transfer.

It logically follows that if all the insane poor to be transferred under the operations of the State Care Act are now paupers, they must have been paupers when admitted to the State hospitals in the first instance. If not paupers then, although under both conditions and at all times cared

for at public expense, are they paupers now? If, moreover, a person admitted to a State hospital in the first instance as a public charge was not a pauper while cared for directly by the State, but becomes so upon his removal back to the county asylum or the poor-house, then it would clearly appear that among other injustices wrought by this barbarous statute recognizing incurability, is the added stigma of pauperism.

But take the case of the admittedly genuine pauper who becomes insane after long years of residence in the poor-house because of dissipation, inborn shiftlessness, or what not, is the State prepared to say in this poor creature's case that as a sort of punishment he shall be denied the advantages of care or at least of the comforts which are freely given now to seven out of every eight of the insane throughout the State? Even dumb animals, though they may be useless, are cared for when sick. Would it reflect credit on the Empire State were it known that even the pauper, the inmate of the poor-house, when he becomes insane shall be denied the advantages of proper treatment? It often happens, too, that a person becomes a pauper inmate of a poor-house, old men, old women, persons sick and helpless, without relatives, friends or means of support, through absolutely no fault of their own, and who bitterly rue the fate which condemns them to such surroundings. These persons may become insane, though their lives have been exemplary and free from vice. Aside from the question of humanity is the State prepared to say that, in the case of these persons, who are actual paupers, when they become insane they must remain in the poor-house and be denied treatment with reference to their cure?

Instances in no respect substantially different from the following could be cited by the score, showing the inhumanity of indiscriminately characterizing the insane now remaining in the so-called county asylums and poor-houses as "paupers," and as deserving of no better care and treatment than they now receive. In one of the so-called

county asylums the commissioners found a young woman, perhaps thirty years of age, who appeared before them and complained of the rough treatment, of the poor food, of the wretched surroundings, of the lack of medical skill which she received. This young woman, it was plain to be seen, was a person naturally refined, possessed of an education and accustomed in early life to good surroundings and to association with people of respectability. She said that for years she had been a school teacher; that, becoming insane, she was sent to one of the State hospitals as a private or pay patient; that her means becoming exhausted and her friends being unable to further help her, she became a county charge, and after remaining in the hospital the required length of time as a county charge, she was turned over to the tender mercies of the superintendent of the poor, to be conveyed as incurable to the county asylum where she could be cared for more cheaply. This case is not in the slightest degree overdrawn. In fact, much more might be said in regard to it than space here permits. It serves to illustrate the wrongfulness of the claim that is being put forth in order to defeat a humane statute, that the transfer of these poor people will "pauperize" the State hospitals.

In concluding this subject, the Commission would be remiss in its duty if it did not condemn this claim as not only mischievous, but cruel and unjust. It is a shallow claim, unworthy of a moment's consideration by any honest, intelligent or humane citizen.

PART IX.

ECONOMY OF PROPER CARE OF THE INSANE.

That, within proper limits, the best care and treatment of the insane is the most economical, is a truism, which, like many others, can not be too frequently or too strongly urged; and, as the Legislature will be called upon to still further consider the question, the subject may properly be

dwelt upon at some length. Without going into the question of abstract morals, or entering the intricacies and subtleties of the higher domains of political economy, it can be demonstrated, the Commission believes, without much difficulty that, laying aside all questions of humanity, of sympathy, of pity, or even of justice, the most humane, the most intelligent and the most scientific care of the insane is that which from all standpoints is the most economical to the State. None would deny that every person withdrawn from the active pursuits of life ceases to be a producer while continuing a consumer, and must be supported out of the accumulated earnings of the community through its public treasury or through the benevolence of friends or relatives. It matters little where the cost be laid, whether by a public contribution divided with more or less equity or on purely private resources, the cost diminishes by so much the wealth of the State, and by so much reduces the general average of the comforts which would otherwise be possible to the community. But as applied to the insane the economy of proper care reaches a far greater significance. They are not only withdrawn from the wealth-producing class, but their withdrawal necessarily results in an expenditure which is not required for any other class of sick persons whatsoever. Their malady makes it necessary, in order to insure their successful treatment, that their individual liberty be controlled and that they be confined in what practically amounts to imprisonment, which requires to be carefully maintained in order to prevent their escaping, to the injury or destruction of themselves or others. To properly care for them and to prevent destruction or injury, a much larger force of employés are needed than are required for any other class of sick persons. From the most reliable reports, it requires, upon an average, one person to care for every six insane in the State (see page——), or, in other words, for the 16,000 committed insane, it requires about 2,700 to properly care for them.

The practicability of curing a large number of persons afflicted by insanity has been demonstrated conclusively.

It is also demonstrated that practically no insane person can be said to be incurable, and, therefore, it follows that efforts should constantly be made to restore the sufferer to reason and health. It has been shown, too, assuming the average life of an insane person not to exceed eight years,* and making allowance for the loss of his estimated earnings, that the State suffers a loss averaging in the case of each person so afflicted at least $2,800, by reason of stoppage of earning capacity and the costly nature of the care required. Is it reasonable, then, with reference to a large class of insane patients, to adopt a policy which, after a period of less than one and one-half years, practically abandons them to incurability by stopping the application of those methods of treatment which can not but tend to restoration of health and reason? For example, the question as it stands to-day applies, or rather it did apply at the time of the passage of the State Care Act, to only 2,200 patients. It was simply a question of cost — no one has ever seriously pretended that it was anything else — of maintenance of these sick people; that is, the difference in cost between custodial care and that treatment which might result in cure. Granting that the loss to the State on each insane person who lives an average period of eight years is $2,800, the annual loss must be $350, and taking an average population of 2,200 so-called incurable insane, there is a yearly loss to the State of $770,000, a sum considerably larger than would be required to supply all of them with comfortable surroundings and the facilities and means for the best treatment of which their several cases admit. Therefore, simply putting the matter upon a money basis, it can not be doubted that the policy of the State, as recently entered upon, is both wise and humane.

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* Further information convinces the Commission that its estimate of the average duration of life of the insane, as given in its first annual report, viz., twelve years, is much too great, and that it does not exceed eight years.

PART X.

Decrease of Insanity.

Previous official reports, records and documents emanating from State authorities when referring to the subject, have declared that insanity is rapidly increasing. The time has now arrived when the Commission believes that it is proper to discuss the decrease rather than the increase of the number of insane in the State. To be sure, the figures are incomplete, and at best do not warrant absolute certainty; hence, the Commission does not claim that entire reliance can be put upon the conclusions which it has reached.

Insanity is a relative or comparative term. A man may be able to attend to his ordinary avocations, may live in his own family, and may in no way require the supervision of the State, yet by common repute and in actual fact, to a certain extent, may be regarded as insane. The difficulty in considering this subject, as it seems to the Commission, has heretofore come from confusing the two classes of the insane, namely, the class above referred to and the registered or certified insane, the only insane of which the State takes official notice. Obviously the unregistered insane are the class whose number is liable greatly to vary, and, at best, is merely conjectural, although reports heretofore made have included this class, being based on estimates made by superintendents of the poor and others as to persons who in their opinion were insane.

Another difficulty in this matter has been discovered by the Commission, arising from the fact that certain insane are sometimes discharged and recommitted several times during a year, frequently being committed twice. Under the loose arrangement which has prevailed, every superintendent in the State choosing his own basis of calculation, one counting the same person perhaps four times in a year or once for each separate admission, if so many, while another counted the same person but once, no matter how often discharged and readmitted; one basing percentage of cures on the average daily population, another on the

number discharged, another on the number admitted, and still another on the whole number treated; one discharging, as "recovered," cases of alcoholism, opium habit, etc., while the others discharge such cases as "not insane," it has been a matter of extreme difficulty, almost of impossibility, to draw any intelligent or really trustworthy deductions from the statistics of the subject.

Beginning with the creation of the State Commission, for the first time in the history of the State it became possible to take measures which would ultimately show precisely whether the insane are increasing or decreasing in a ratio proportionate to the increase of the general population. By the terms of the organic act, it was provided that all of the certified insane and all of the insane held under orders of any kind should be registered in the office of the Commission, and it was further required that every person adjudged insane or committed as such should be reported within ten days to the Commission, and a copy of the certificate or order upon which he was held be filed in its office. The statute also requires that each case of death, discharge, transfer, or removal, should be reported within three days. The registration of the insane in the State is now complete, and the work has so far progressed that it is beginning to be possible to form an estimate; but until the orders of the Commission, which have only been in force a few months, are fully understood and complied with, in relation to the counting of patients more than once, and to reporting them discharged only when actually discharged, and to other like matters, this desirable result will not be fully reached.

Certain it is, however, that the Commission now has in its office the names of all of the insane in custody, and hereafter it will be simply a matter of enumeration to ascertain the greatest *possible* number. As stated, the elements above referred to cause some uncertainty; but, in any event, the office of the Commission is and, unless the Legislature adopts a different policy, must remain the only place where reliable information upon this subject can be obtained. The information which it gets is not left to

the mere caprice or whim or judgment of individuals. It is based upon the actual facts.

Apparently there has been an increase of the insane in the State during the past few years of about 600 per year. Whether this number or some lesser number actually represents the increase can not be determined because of the imperfect methods of enumeration above referred to. Certainly the increase in recent years, whatever it may be, does not keep pace with that which was noted in former years. In no locality is this more noticeable than in the great cities of New York and Brooklyn, within whose boundaries is contained about one-half of the entire number of registered insane in the State. The actual increase in population in these two cities has been enormous, but the reported increase of the insane has remained steadily at between 250 and 300 per year, thus showing that at least in these two cities there is a relative decrease of insanity. The increase of the insane in the other counties of the State has also aggregated between 200 and 300.

For any intelligent comprehension of the State Care Act it is important that this question of alleged increase in the number of insane should be clearly understood. In the first place, of the 16,000 insane in the State, less than one-half — all private patients and all patients in the Monroe County Asylum being excluded from consideration — are outside of New York and Kings counties. Therefore, the increase of the insane, if half of the whole number in the State be considered, does not go even apparently beyond 300. The actual increase certainly can not be beyond the apparent. Pains, however, have been taken in some quarters to represent the ratio of insane to population as constantly accelerating, and the conclusion has been drawn that practically the State will be under the necessity of building a new State hospital every year. To be sure, the history of State hospital erection in the past would not warrant any such assumption, as from the foundation of the State to the present time only eight have been erected.

But assuming the apparent increase to be actual, and taking the fiscal year beginning October 1, 1889, there certainly has been a decrease, as compared with the previous year. By the first annual report of the Commission, the increase for the year ending September 30, 1889, was 593. By this year's report of the Commission the increase for the year ending September 30, 1890, is shown to be 529. Comparisons of percentages of increase in the reported number of insane during the past ten years, each year being separately compared with the previous year, show that as between the last and the first five years of the decade there is a decrease in the average percentage of 1.12, which result is in line with the above figures of actual decrease in the number reported for the year 1890, as compared with the year 1889, and strongly tends to confirm the Commission's belief that the assumed rapid increase of insanity within the State of New York is not upheld by the facts. On the contrary, since many of the figures entering as elements in the computation are clearly unreliable, there is good reason to believe that the actual increase of insanity in this State is not accelerating, despite the active operation of influences supposed to be favorable to its development. At the present time, using round numbers, the registered insane are only .00266 of one per cent of the total population of the State.

This decrease can be accounted for largely by reason of the more intelligent, humane and skillful treatment which has been furnished in recent years. Every year witnesses a greater number of the insane in proper quarters and under better medical supervision. If insanity is a disease that can be cured by treatment, and of this few pretend to entertain any doubt, then the better the treatment, within reasonable limits, the greater the number of cures. And, in view of all that has been said, the Commission desires to emphasize its opinion that by a continuation of the policy sought to be carried out by the last Legislature, the proportion of the insane to the population can be very materially reduced—perhaps as much as twenty to twenty-five per cent below what it now is.

PART XI.

Private Patients in State Hospitals.

This subject is likely to receive a degree of attention which the Commission scarcely expected. But for the passage of the State Care Act it is likely that, while it necessarily would have received some consideration, it would not have been a cause of serious trouble or annoyance.

It seems scarcely necessary to repeat the truism that one of the fundamental principles of government is that the State should do nothing which the individual can do for himself. Statesmen, however, have found it necessary from time to time to repeat this trite saying.

No longer than fourteen years ago, one of the most distinguished statesmen of his day, in a memorable address, said that the general government should undertake nothing which the State government can perform, and that the State government should undertake nothing which the individual can perform. Yet, in spite of this oft-repeated truth, individuals are constantly found who are disregarding the principle underlying it. In the case of the provision by the State for its insane, another illustration of this truism is presented. At the time of the founding of the Utica State Lunatic Asylum, it was not seriously supposed that the subject would reach any great importance, or that private individuals would make such demands upon the State as would require official interference to prevent abuse. Whoever will study the literature, the debates and proceedings of various associations and bodies which led to the building of that institution, can not fail to be convinced that it was never contemplated for one instant, that the State should erect vast buildings and machinery for the care of sick people who had the means to care for themselves. Such an assertion is one never made in behalf of any other class of sick people. The framers of this statute, however, very wisely provided, having in view certain contingencies — it being believed at that time that many years would elapse before the asylum would be filled to its capacity — that

private or pay patients might be admitted when vacancies existed. Even a careless reading of this statute can not fail to satisfy any disinterested person that it was the intention of its author to surround the admission of such sick people with the most efficient safeguards. It would be difficult indeed to draft a statute which could surround the admission of patients with greater precautionary care than did this. As this law has been the subject of a vast amount of misrepresentation, and repeatedly the Commission has been charged with making a rule of its own upon this subject, the fact that there is a statute on which its action rests being concealed or ignored, it may be well to reproduce the law in full:

"Whenever there are vacancies in the asylum the managers may authorize the superintendent to admit, under special agreements, such recent cases as may seek admission under peculiarly afflictive circumstances, or which, in his opinion, promise speedy recovery."

The order of the Commission respecting the admission of private or pay patients is as follows:

[Form 33.]

STATE OF NEW YORK — STATE COMMISSION IN LUNACY.

At a special session of the State Commission in Lunacy, held at the Capitol, in the city of Albany, on the 2d day of September, 1890.

Present.— Carlos F. MacDonald, M. D., President; Goodwin Brown, Henry A. Reeves, Commissioners.

IN THE MATTER OF THE ADMISSION OF PRIVATE PATIENTS TO THE STATE HOSPITALS FOR THE INSANE.

It appearing that large numbers of the insane poor are deprived of the benefits of the intended care and treatment which the State hospitals were instituted to provide for them; that much space at these institutions, originally provided for the accommodation of that class, is now occupied by private patients; that the law known as the State Care Act reaffirms the policy of the State and declares the insane poor to be the wards of the State, and provides for the removal as rapidly as possible of those now remaining in the county poor-houses to the State Hospitals; therefore, be it

Ordered. 1. That on and after October 1, 1890, no private patient at any State hospital be permitted to occupy more than one room for his or her personal use or behoof, or to command the exclusive services of an attendant; and, thereafter, there shall be no distinction allowed between private and public patients in respect to the scale of care and accommodations furnished them.

2. That on and after October 1, 1890, no private patient be admitted to any State hospital, except in strict accordance with the statutes, as follows: "Whenever there are vacancies in the asylum" (State hospital) there may be received "such recent cases as may seek admission under peculiarly afflictive circumstances, or which in his (the superintendent's) opinion promise speedy recovery," and upon an order granted by the State Commission in Lunacy upon an application in writing, addressed to the Commission, of a near relative, guardian or committee of the patient.

3. That this order shall not be held, except in special cases, to require the removal of private patients in custody in said hospitals on October 1, 1890.

By the Commission.

[L. S.] T. E. McGARR,
Secretary.

It has been asserted that in the execution of this order the Commission has absolutely excluded all private or pay patients whatever. It has been contended that its action has forced people in moderate circumstances to obtain orders of indigence, reimbursing the counties, in order to obtain admission to the public hospitals of the State. This, it is needless to say, is neither the intent nor the effect of the order. The law provides that an insane patient, sufficiently insane under the terms of the statute to require care and treatment in a hospital, must be placed somewhere. He can not be permitted to stay upon the street; he can not be placed in jail; he can not be held in confinement in a general hospital; his condition is such that he can not remain at home, even if he had one. The law does not contemplate impossibilities nor absurdities. If the means of a private or pay patient are so small that he is unable to pay the comparatively low minimum rates charged by the private asylums, seven to ten dollars per

week, he must be given treatment somewhere else, and the law clearly specifies the only other institutions where he can be received, namely, the State hospitals, or the asylums of the counties of New York, Kings and Monroe. In no other class of institutions can he be received. Therefore, the Commission has issued orders and instructions that such patients be admitted to the hospitals of the State. Every application which has been made to the Commission for the admission of such a patient has been promptly granted, care being taken that the patients able to pay the sum of ten dollars or more per week should not be admitted.

The statute, it is now important to observe, as was found upon careful inquiry into the methods and management of the State hospitals—and it may be added that the charter of the Utica State Hospital is the fundamental law for the other State hospitals—has been persistently and continuously violated during the most or all of the time since its enactment. Certainly during the past twenty-five years its violation has been a subject of public comment and criticism, but no serious attempt seems ever to have been made to enforce it until the Commission in Lunacy was obliged by the pressing exigencies produced by the passage of the State Care Act, to see that its terms were strictly complied with. Upon the State Care Act going into effect, at least for certain purposes, on the 1st of October, 1890, it was found that each asylum district, with two exceptions, contained more patients than there were accommodations in the hospital of that district. This was noticeably true of the four so-called acute asylums, namely, Buffalo, Utica, Middletown and Poughkeepsie. The Commission, being required to remove the insane poor from all the county poor-houses and asylums to the hospitals, as rapidly as vacancies occurred, the question was instantly presented whether the law should be obeyed or preference be given to those who, having means of their own, could secure treatment elsewhere, over those for whose benefit the hospitals were primarily established. Immediately upon the taking effect of this act, all vacancies ceased to exist. The

Commission, after full deliberation, being convinced that the law should be enforced, issued an order, providing among other things that the terms of the law should be strictly complied with, and while, unless specially ordered, the private or pay patients in the State hospitals might remain, they should receive the same scale of care and treatment as those for whom the hospitals were built. It also provided that after October 1, 1890, no private patient should be admitted except by consent of the Commission. In certain quarters exceptions were taken to this order. Among other things it is claimed that the Commission had not the power to issue such an order, especially that no patient should be admitted except by its own consent. The Commission issued this order advisedly and after due inquiry, believing that it had the power not only to issue but to enforce such an order. The powers of the State Commission in Lunacy (see Powers and Duties of the Commission, page 96) are easily ascertainable. The Commission is not, except for certain purposes, a court. It is, collectively, subject to the laws of the land like any other court or body, as also are its individual members. It can exercise no power which has not been conferred upon it by the Legislature. If it exceeds its jurisdiction, its acts are void. When within its jurisdiction its orders must be obeyed. It is needless to say, however, that, despite harsh criticism of the Commission for issuing this order, it has not, so far as known, been disobeyed in a single instance. In fact, the Commission stated freely to the managers of the different hospitals of the State that, if they believed the Commission had exceeded its power, it was a simple thing to disobey and thus let the matter be tested by the court. Into a legal contest of this kind no board of managers have yet cared to enter, and the order, therefore, remains in full force and effect, so far as the Commission is aware.

If, however, the act prohibiting the admission of private or pay patients to the State hospitals had been transgressed in a moderate and unobjectionable degree, or if

in its violation the claims of reason, justice and humanity had been scrupulously regarded, comparatively little complaint might have been made. If only such private or pay patients had been admitted as were unable to procure care and treatment in the numerous private asylums of the State, by reason of their inability or that of their friends to pay the lowest rate charged by such asylums, namely, from seven to ten dollars per week, little could have been said in opposition to the practice of admitting such patients; but it should be constantly borne in mind that the State hospitals were built wholly for the benefit of the insane poor, and that the admission of private or pay patients was, by a most rigorously drawn statute, expressly prohibited, except upon the precise terms of this statute. It will be seen how far the evil has extended, when it is stated that a large number of private or pay patients have been admitted to State hospitals who paid from twenty-five to fifty dollars per week, and who occupied from one to three or four rooms, and had the exclusive services of one or more private attendants, as might be agreed upon between the managers and patient.

For a proper understanding of this subject, it may be stated that under the old system of asylum construction, the rooms of some of the State hospitals are relatively enormous, resembling baronial halls in capacity. These vast rooms, under the present system of asylum management, could be utilized as associate dormitories; and it was found that frequently wealthy patients occupied a space which would accommodate anywhere from three to ten patients. For example, in one case it was found that a patient paying twenty-five dollars per week, occupied a room on one floor, the counterpart of which, on the floor above, contained five beds without crowding. In another instance, a private patient paying fifty dollars per week, had a parlor on one floor and on the floor above a suite of rooms for the use of herself and two private attendants — accommodation the equivalent of which, in a private asylum, would cost at least $150 a week.

It has been said, too, by opponents of this order of the Commission, or, more properly speaking, of the law of the land, that the State hospitals have always admitted all the public patients who have applied, and that none have ever been turned away for want of room. This statement is true, with certain important modifications. It is likely that all public patients, brought by the superintendents of the poor, have been admitted. On the other hand, it is unquestionably true, that the insane poor have been discharged sooner than they otherwise would have been, simply to make a more profitable use of the space they occupied. It may be also stated that instances have been known where a public insane patient has been obliged to give up a comfortable room and to sleep upon a bed on the floor, in order that a wealthy private or pay patient might occupy the room; also, that public patients have been compelled to occupy the attic, which, while comfortable, was illy adapted for such a purpose, being substantially nothing more than a garret and exceedingly dangerous in case of fire, while in the same institution private or pay patients were occupying magnificent suites of rooms. The Commission has yet to learn of any wealthy patient being discharged from a State hospital on the ground that his or her insanity was chronic and incurable, whereas to-day in the poor-houses of this State there are hundreds of patients who were not paupers, but self-supporting, respectable citizens when they became insane, and who were turned out of the State hospitals because their means were exhausted. It is in this sense, the Commission claims, that the dependent insane — a class to which the term "pauper" is not justly applicable — have been denied admission to or have been excluded from State hospitals in order to provide accommodation for patients whose means enabled them to command an extra amount of room space; in some instances a single patient occupying space that would comfortably accommodate from eight to ten indigents. The Commission believes this practice to be unjust to the class for which these institutions were established, and contrary to

both the letter and spirit of the law. In justice it should be added that these remarks do not apply to all the State hospitals.

The presence of high-priced private patients raises another serious objection, namely, that it inevitably increases the per capita cost of maintenance. Above and beyond the immediate extra comforts and provisions which are supplied to those patients under the stipulations of the contract between them and the State, their tastes, associations and habits necessitate that the general tone of the institution be raised much beyond what for all useful purposes it need be. This fact is so well understood and established by the recorded observations and experiences of superintendents of asylums for many years that it would seem unnecessary to dwell further upon it. These experiences and observations the Commission desires strongly to reinforce by its own.

It would hardly seem necessary to discuss this subject, but as it is evident that a determined effort will be made to modify or to repeal the State Care Act, the Commission regards itself as in duty bound to fully express its views to the Legislature and the public. Primarily it believes that the admission of wealthy pay patients is harmful. It tends to create within the walls of a hospital a certain exclusiveness or class distinction among patients which would be exceedingly distasteful among people outside, and which becomes obnoxious in the highest degree where association is enforced. The Commission is aware that the claim has been put forth that the presence of private or pay patients tends to impart social tone to the establishment; gives the insane poor advantages of association which before they had never received; and that by reason of the profit made upon board and maintenance of the rich patients the poor patients are enabled to receive many comforts which they could not otherwise have obtained. These arguments the Commission regards—some as having little or no weight, and others as fallacious or untrue. It is hardly to be expected that non-paying

can look on with satisfaction and see wealthy patients occupying suites of rooms in the wards upon which both classes are daily obliged to remain; see them supplied with choice viands; see them receive constant attention of a private attendant; see them the subject of assiduous deference and forbearance; see them favored and flattered by attendants while feeling themselves to be victims of comparative indifference and neglect. The Commission has been at some pains to obtain the judgment of persons who have been patients in these institutions upon this subject, some of them private or pay patients, and also of many others familiar with the subject, including medical superintendents of long experience. The evils here recited have been admitted to exist and the practice has been condemned by all.

If private or pay patients in the hospitals were absolutely dissociated from the indigent insane, then this argument would lose much of its force; but by reason of the necessary classification of patients, there arises in greater or less degree, a necessity of enforced association among all the classes, pay patients mingling with public patients on wards, in day-rooms, on the grounds, etc. On shipboard class distinctions, based on differences in cost of fare, are not so obnoxious because there the steerage are wholly separated from cabin passengers.

It has been claimed that the presence of these patients tends to remove the stigma of pauperism, which, the enemies of this statute assert, would inevitably attach to State hospitals were these patients removed; and they hold that the hospitals would become pauperized. The Commission has spoken in another place of the pauperization of the State hospitals (see "Pauperization of State Hospitals," page 67), and therefore need not refer to it here.

One of the justifications that has been made for the admission of these patients, and apparently one of the strongest, is the plea that the State derives a large profit from their board, and is thereby enabled to furnish to the

poor insane many comforts and luxuries which they would not otherwise obtain. If this be true, it amounts substantially to saying that the State of New York, with its vast resources, is obliged to go into the business of keeping a high class of boarders in order to obtain the means to provide proper care for its more unfortunate sons. This argument is not worthy to be made by or on behalf of the State of New York. But, admitting the soundness of the plea, as an argument, it is doubtful if it be tenable in point of fact. The private or pay patient who pays a large price per week, expects to receive and undoubtedly does receive an equivalent for what he pays, and, on the other hand, the State gives an equivalent for what it gets. If a patient pays twenty-five dollars or fifty dollars per week, he has a private attendant; he has every attention and courtesy; he takes the time of officers and physicians; he dines at a private table; he eats specially prepared food; and in various ways causes trouble and annoyance, for which an equivalent is not always paid. Moreover, the Commission is of the opinion that many of the private or pay patients do not give an equivalent for the amount of room space, furniture, attendance and high-priced viands which they receive. In other words, observation has shown that a patient who pays fifty dollars per week at a State hospital receives an amount of space, attention, etc., which he would not receive in a private asylum for $100 per week. But, admitting that the State may gain a profit from keeping high-priced private patients, there is another serious evil resulting from the practice. The whole plea hinges on the idea that the rich man can have and should have what he is willing to pay for. In other words, logically, a millionaire, if he so desired, might hire a whole hospital, or half or quarter of it, if he only paid enough, no matter how many other afflicted people needed the room or how many other persons suffered for want of the room, just as an English lord or wealthy commoner may buy or lease all the land he wants for hunting purposes, no matter how many poor farmers or laborers might want to utilize it for

purposes of cultivation. Here is where, the Commission thinks, the chief objection to the practice lies: the space occupied by high-priced patients is needed for public patients—for the man who has neither a roof to shelter him, clothes, medical attendance, nor friends willing to provide for him. Shall such an one give way to those who have the means to provide all these things? Shall the insane poor, unable to secure admission to private asylums, be compelled by want of pecuniary ability to stay outside, while private patients occupy luxurious suites of rooms or even a single room large enough to comfortably accommodate four or five?

Another argument made in support of the admission of private patients to State hospitals is worthy of a brief, and only of a brief, mention. It is the allegation that the rich pay the taxes, and therefore rich insane patients should be permitted to enjoy the fruits of their contributions to the State treasury. To this it is enough to say that, if any one principle in political economy more than another can be said to be capable of positive demonstration, it is that the citizen in poor or moderate circumstances, who supports a family by the labor of his hands or brains, pays more taxes proportionately to earning capacity or income than his rich neighbor; hence it is not easy to see how high-priced patients are in any sense entitled to preference, even when put on this ground.

Other objections to the system as it now exists may properly be shown. The State has long recognized the right of individuals and corporations to build hospitals for various classes of the sick, among them for the insane. By statutory enactment it is encouraging the building of these institutions. It has provided, more especially by the recent creation of the State Commission in Lunacy, for their rigid visitation, inspection and government. The further continuance of the policy now under discussion tends directly to create a competition between the vast resources of the State upon one side and the limited means of private individuals upon the other; and such individuals may

justly complain that they are powerless to contend against this competition. The skilled physician, who, with much effort, has founded a small hospital for the care and treatment of the insane, has a right to regard the competition of the State with his business as both disastrous and unjust. He sees with dismay that his small resources, although well adapted to the purpose, compare but feebly with the lavish furniture and quarters furnished by the State, for which, it may be repeated, no adequate return is made. In no other private business does the State assume directly to compete.

As before stated, it has recently been urged that the adoption of the State Care Act tends towards the "pauperization" of the State hospitals, which, if it has any application or meaning at all, must mean that the dependent insane, however honest, industrious and worthy citizens they may have been before they became insane, are now "paupers" because they are maintained at public expense. The Commission rejects utterly this idea that the indigent insane are necessarily or presumably "paupers" within any proper sense of the term, and the fact that such patients may have been sent to a State hospital as "acute" cases and after a time sent back to a county "asylum" or poor-house as "chronic," and under the State Care Act may now be eligible to be returned to a State hospital, does not affect the question at all; they are no more "paupers" in a true sense now than they ever were. To brand as "paupers" insane persons maintained at public expense is little short of cruelty. It has small tolerance for any argument that it would be better to leave the indigent insane to blast their humble homes or to languish in county poor-houses, than that the rich and well-to-do should be excluded from the beneficent care of the State hospitals. At this point two things seem to have been forgotten, namely, that wealthy private or pay patients have been admitted heretofore in violation of the law; secondly, that it was an evasion of at least the spirit of the law in permitting them to remain in the State hospitals as

long as their money held out, and to enjoy all the comforts available to them though did not recover, while their poorer and more unfortunate associates were compelled, under the strict operation of the statute, to be returned to the superintendents of the poor for care and "treatment" in the county asylums. Instances are frequent of private patients who have been insane for many years continuing to enjoy all the comforts and extra privileges of the State hospitals, where they have seen hundreds of insane poor come and go while they have remained, simply because high prices for their board were paid either out of their private fortunes or through the generosity of friends or relatives, the question of the admission of acute or recent cases apparently never being considered with reference to them.

Another objection to the State Care Act which has been urged is that private patients are being crowded out by a class of poor insane who are victims of their former excesses, and that thereby the State puts a premium upon vice, want of thrift, alcoholism, etc. Can it seriously be pretended that the poor become insane as a result of their want of thrift, alcoholism and excesses oftener than the rich; in fact, are they such victims as often? (See page 65, extract from writings of Dr. John P. Gray.) But admitting that they are, the same question of their capacity to care for themselves comes up. It will not down. And, to put the case in another form, would the State for a moment entertain the proposition to enter upon the building of a great hospital or asylum exclusively for the use of private or pay patients, at an expense of $1,500 per bed, this being about the average cost to the State of the State hospital system as it exists to-day? It is by citing extreme illustrations that the absurdity of a proposition can be best understood.

While no necessity exists therefor, the Commission would not oppose a declaration of the law by statute to simply provide for the admission of a class of private or pay patients, whose means do not enable them to obtain

admission to the private asylums of the State. But, if the existing statute is to be so amended, it should be strictly guarded in its provisions, and should be left in its enforcement to the State Commission, in order that there may be no opportunity for favoritism or abuses to grow up. Such patients, too, should only be taken upon the same terms and conditions as public patients and should not be permitted to receive care and treatment different from that accorded to public patients, and at a cost not to exceed the average per-capita cost.

While the subject can not properly receive consideration until the State assumes the care of all the public insane, it may be proper to allude to the fact that some have urged that the example of Ohio be followed, to wit, that all insane who require care and treatment, whether rich or poor, shall be admitted upon equal terms and without charge, the whole expense to be borne by the State. This is a matter worthy of consideration, but the Commission believes that it would be wise for the present to leave the law substantially as it now stands, so as to permit private enterprise to perform as much of the work as possible. Under the law, as it now exists, which permits private institutions only to exist upon sufferance, which requires a license to be issued, and which provides that the license may be amended or revoked at any time by the State Commission in Lunacy, it is not likely abuses can long exist. In fact, even without this, intelligent self-interest would in most cases insure against ill-treatment of insane inmates of private asylums. Abuses are apt to arise only when the insane are placed under the control or custody of people who have not had experience in the care and treatment of the insane. Since the laws of the State have been enforced, evidences are not wanting that private individuals and eleemosynary corporations will furnish all the accommodations that may be desired for this unfortunate class.

Moreover, wealthy people often like to save money when they can, and instances are not wanting where this class

have sought and gained admission to a State hospital simply because they could obtain what they desired in the way of rooms and extras for not more than one-fourth as much as the same would cost in a private institution.

Below are given the number and percentage of pay patients in each of the State hospitals on the 1st of October, 1890, and the sum received by each hospital from that source:

	Number.	Per cent.	Sum received.
Utica State Hospital	96	12.80	$40,565 55
Buffalo State Hospital	46	9.89	15,167 44
Willard State Hospital	.....	.....	.....
Binghamton State Hospital	2	.....	52 00
Middletown State Hospital	229	37.70	98,947 32
Hudson River State Hospital	107	16.18	32,808 86

PART XII.

Medical Officers in State Hospitals.

The action of the State Civil Service Commission in putting the medical officers of the State hospitals, from medical superintendent down, upon a competitive basis, is highly approved by the State Commission in Lunacy.

The fundamental difference between mere custodial care of the insane and that kind of care which has reference to their cure, is that in the one place applied medicine has a subordinate place, while in the other it is all-important.

If there is anything which can be said to be purely a medical question, it is the care and treatment of the insane. Certainly, since insanity is now recognized as a physical disease, its cure must depend upon the medical profession if it can be found anywhere. Therefore, it becomes a matter of the utmost importance that, within reasonable limits, the insane should have the most skillful treatment which can be obtained. The State pays its medical officers in these institutions what would be regarded by many as

ample compensation, the medical superintendents receiving from $3,500 to $5,000 per year, and furnished houses or apartments, maintenance for themselves and families, and the assistant physicians receiving sums ranging from $3,000 down to about $1,000, all being provided with furnished apartments and maintenance. For this compensation the State has the right to expect that its medical officers shall be properly qualified for the work which they are called upon to do. Their positions are secure. They have not been subjects of political control. In fact, partisan politics has not had place in the State asylum system to any appreciable extent, and such as has been felt has been of a local rather than a general character. While the Commission does not desire to be understood as in anywise reflecting upon the qualifications of the medical officers of the State hospitals, it is satisfied that the system heretofore in vogue in the appointment of these officials was necessarily attended with certain mischievous results and was susceptible of improvement.

After careful consideration of the subject and the fullest inquiry and discussion the Commission arrived at the conclusion that the competitive system was the only solution of the difficulty, and that in order that the hospitals should be provided with properly trained medical officers the remedy should be applied at the foundation. If proper care is exercised in the selection of the junior assistants, especially with reference to their knowledge of general medicine, little or no difficulty will be found in securing good officers above this grade.

A competitive examination is essentially fair to all concerned. The compensation for the junior assistants is enough to be attractive, as the Commission believes, to many of the bright young graduates of the medical schools and general hospitals of the country. They are simply required to be graduates of a legally incorporated medical college, and before entering the service they must have had at least one year's experience in a general hospital, or three years in private practice.

The Commission is aware that it has been urged with some force that other qualifications are desirable beyond a good knowledge of medicine, and that the superintendents and managers should be enabled to exercise their own judgment in the selection of these officers. It seems to have been forgotten that when a vacancy is to be filled there is an eligible list from which selection can be made; that as all candidates are required to possess a good moral character, to possess a practical medical education, and to have had a certain amount of hospital training or other experience, there ordinarily can be very little difference in the persons selected. It must not be forgotten that while the system is competitive, and the choice limited to three persons who have passed the highest examination, there is nothing to prevent the dismissal of such persons if found unfit for the service. There is nothing in the civil service which requires their retention for one hour after their unfitness is discovered, and it could not justly be supposed that all of the candidates, or that any considerable number of those certified, would be found incompetent.

In passing, it is worthy of note that the action of the State Civil Service Commission was simply a return to the method first adopted by that body. Originally the positions on the hospital staffs were competitive, but were changed, it is understood, through the influence of one of the medical superintendents in the State who desired to personally exercise the power of saying who should be a member of his medical staff. Experience has demonstrated the doubtful propriety of that change.

Before action was taken by the State Civil Service Commission upon this matter the State Commission in Lunacy was invited to appear and express its views upon the proposed change. This it gladly did, and earnestly urged that the change proposed should be made.

Certainly if any class of physicians should be required to be properly trained and to be possessed of a suitable knowledge of medicine, it is that class which cares for the most helpless and unfortunate sick persons on the earth.

To enter the State hospital medical service the following requirements have been issued by the State Civil Service Commission:

I.

Qualifications required to enter the medical service of State hospitals as junior assistant physicians:

1. The applicant must be a graduate of a legally incorporated medical college.

2. He must pass a competitive examination.

3. He must have had at least one year's experience in a general hospital or three years' experience in the general practice of medicine.

II.

Promotions may be made between the grades of junior and first assistant physicians.

III.

Promotion to the position of first assistant physician:

1. The candidate must be at least twenty-five years of age.

2. He must have had at least three years' actual experience in a State or city hospital for the insane.

3. He must pass a competitive examination.

IV.

For promotion to superintendency:

1. The candidate must be at least thirty years of age.

2. He must have had at least five years' actual experience in his profession in a State or city hospital for the insane.

3. He must pass a competitive examination.

4. Once having passed such an examination for a superintendency, the candidate will be eligible for at least three years.

PART XIII.

POWERS AND DUTIES OF THE COMMISSION.

Previous to the creation of the State Board of Charities in 1867, there had been no general or central supervision over the insane of the State and of the hospitals for their

care and treatment. Previous to that time, under the theory of our State government, the right of visitation or inspection of institutions for the care and treatment of the insane was vested in the Supreme Court of the State. This court, the court of the most extensive original jurisdiction, had the right and it was its duty to redress such wrongs as might be found to exist, not only against the insane, but against the other dependent classes in the State. Under its powers a judge thereof might have visited any institution, and upon his view could have made an order correcting any injurious practices which he might find to exist. In practice, however, such powers had not been exercised by the court, certainly not for a great number of years, except upon the formal presentment of abuses by the regular practitioners before the court, and in a manner usually prescribed by the rules thereof or by the statute.

The limited powers originally vested in the State Board of Charities were such as might have been exercised by the Supreme Court. Soon after the creation of the State Board, however, the office of State Commissioner in Lunacy was created, and such officer was required to report to said board, and only possessed such powers as were conferred upon him, and was subject to the direction of this board. Difficulties having arisen in regard to the matter, it was not long before the Legislature created a single-headed Commission, and removed the office altogether from the control or influence of the State Board, and required reports to be made by such officer directly to the Legislature. This office continued, with the addition by the Legislature, from time to time, of supplemental powers, until the creation of the State Commission in Lunacy, in 1889, a board composed of three members and endowed with all the powers heretofore possessed by the State Commissioner in Lunacy, and with certain others.

The act of 1889 referred specifically to such statutes as were known to exist conferring powers upon the State Commissioner, and then by a general clause conferred upon the new Commission all other powers "not herein specifically enumerated."

[redacted]

[redacted] small serviceable [redacted] each receiving [redacted] new depart- [redacted] treatment of [redacted]

[redacted] interesting to [redacted] that any school [redacted] interests of citizens [redacted] The president of the Commission is [redacted] the medical profession [redacted] have had experience [redacted] The statute does [redacted] any particular school of [redacted] possess experience in the care [redacted] consequently to have [redacted] which is common to all [redacted] understand the [redacted] efficiently perform its [redacted] a legal member of at [redacted] in his profession. Of necessity [redacted] any limitation in this regard, as [redacted] of law. The third member was [redacted] a citizen of the State.

[redacted] Legislature in the creation of this Commission [redacted] that it should represent the whole State, without reference to any special class of individuals; that the interests of the State in respect to its insane should be protected; that its operations should cover the whole State; that it should be the final arbiter of all controversies in the government of the institutions; that it should possess power sufficient to enable it to protect the interests conserved by it, and be the depository of such information as would enable it to keep the State through its Legislative body informed of the needs of its dependent wards suffering under the visitation of insanity and of the condition of the institutions established for their care and treatment.

Although the State Commissioner in Lunacy possessed substantially all the powers held by the State Commission

in Lunacy, yet in fact that officer seems never to have been able to exercise the powers conferred upon him by reason of the lack of suitable means and facilities. It soon became evident to the State Commission in Lunacy that the extent of its powers and duties was but imperfectly understood by the officers of the State or by individuals intimately connected with the care and treatment of the insane, and some friction has naturally arisen in regard to the exercise of these powers. It seemed to be assumed that the State Commission in Lunacy was created simply for the purpose of visiting institutions for the care and treatment of the insane at intervals, and talking with the patients whenever they chose so to do, of examining the correspondence of such patients, and of simply making recommendations that were or were not to be carried into force and effect, according as it might suit the managers or trustees of public asylums, and the proprietors of private ones. It did not seem to be understood that it could not have been the intention of the Legislature to create a board which should possess no power to enforce its recommendations, to make such orders for the general welfare of the insane as might in its judgment be necessary, or to do the things which it might naturally be supposed that it ought to do, namely, take steps to insure the proper care and treatment of the insane whenever the Commission became satisfied that these wards of the State were being in any sense improperly treated. To be sure, a careful reading of the statute, and of the decisions made under it, would seem to leave no room for doubt of this proposition; yet, in a few instances, the powers of the Commission have been denied, and acquiescence in its orders and recommendations have been reluctantly accorded, although, in justice to the institutions, it should be said that as a rule they have shown a cordial and commendable willingness to co-operate with the Commission in its efforts to promote the welfare of the insane, and that in no single case thus far has it been necessary for the Commission to apply to the courts for the enforcement of its orders.

If certain of the officers of the institutions for the care and treatment of the insane had taken pains to inform themselves as to decisions of the Supreme Court upon the powers and duties of the Commission, it is likely that in some cases less friction might have resulted. While it is perhaps inadvisable to go into this subject at any length, it is proper to quote the opinion of the Supreme Court, in a case which arose many years ago relating to the powers and duties of the State Commissioner in Lunacy, all of whose powers, as above stated, have been devolved upon the State Commission in Lunacy. The court, among other things, in its opinion stated as follows:

"This is, as it seems to me, a plain case, and it probably would not have been presented to the court but for a misconception on the part of the Commissioners of Charities, of the relation which they bear to the State Commissioner in Lunacy. No doubt the general management and administration of the asylum, including the selection, appointment and removal of persons employed in the care of the special departments thereof, has been intrusted to the board composed of the said commissioners. But the exercise of their powers is in a large degree subject to the supervision and control of the State Commissioner in Lunacy, and the latter is authorized to require the board to conform in their management of the asylum to such orders and directions as he may from time to time give them, for the purpose of remedying evils or defects which have been proved to him to exist in such management, and which are injurious to the lunatics committed to their care. The statute from which the State Commissioner in Lunacy derived his powers is broad and comprehensive. It is his duty to examine into the condition of the insane and idiotic in the State, and the management and conduct of the asylums, public and private, and other institutions for their care and treatment, and the officers and others respectively in charge thereof are required to give such Commissioner, at all times, free access to and full information concerning the insane therein and their treatment. * * * He is empowered to institute a formal inquiry of a judicial nature into the matter, and, for the purpose of such inquest, he is authorized to issue process or to compel the attendance of witnesses and the production of papers, and to enforce obedience to such process. * * * * His functions are analogous to those of a grand jury,

but he is not required to exercise them in all cases. Where testimony can be obtained voluntarily, it may be taken by the Commissioner in that way, and the formality of an inquest dispensed with. The holding of an inquest is only for the purpose of obtaining evidence compulsorily. * * * * He is further empowered to issue an order in the name of the people of the State, and under his official hand and seal, to the superintendents or managers of such institutions, requiring them to modify such treatment or to apply such remedy as therein shall be specified. These extensive and quasi-judicial powers have been conferred upon the Commissioner in Lunacy for the beneficent purpose of protecting a helpless class of citizens against illusage, and of securing to them the benefit of care and treatment which the State has immemorially provided for them. The question of who shall guard the guardian is a pertinent one at all times, and especially to the custodians of the insane. I entertain no doubt of the power of the Legislature to confer such powers, and I think they should be liberally interpreted in furtherance of the object mentioned." * * * * (7th of Abbott's New Cases, page 429.)

By an amendment to the organic act creating the Commission, the office of the Attorney-General will be for certain purposes an auxiliary of the Commission. Heretofore the Commission was required to rely in the matter of investigations upon the district attorney of the county where it was required to act in behalf of the people. Very properly the Legislature changed this, in order to eliminate the spirit of locality which in practical experience is always felt when local officers act in matters, even though not actually but only supposedly affecting a locality. Therefore, the provision which requires that the Attorney-General or one of his deputies should appear and act on behalf of the State in enforcing the orders of the Commission seems a most desirable one.

It would seem hardly necessary to point out that the Commission in Lunacy would be practically useless were its powers merely visitorial or to be exercised in a perfunctory way or only to the extent that the managers of the public institutions or the proprietors of the private ones might be willing to have them exercised.

In a State containing nearly one-tenth of the whole population and nearly one-fifth of the whole number of the insane and idiotic in the United States, with thirty institutions for their care and treatment, the necessity of such a Commission, not alone for the purpose of supervision and correction, but also for the furnishing of information and for the enunciation and maintenance of a general policy of government, would seem too obvious to need argument.

In the discharge of its duty, which the Commission has endeavored to perform without fear, prejudice or favor, and in the exercise of the powers conferred upon it, some of which powers have never before been exercised in any marked degree, it was not strange that some irritation, ill-feeling, and, possibly, ill-temper should have been shown. At any time to disturb the quiet and ordinary conditions which surround an institution and which have become fixed by long usage, would be to arouse a spirit of opposition, even though it might be apparent that such opposition was futile. The Commission has sought uniformly to perform its functions without undue severity or harshness. In some instances, however, it has found, to its regret, that peaceful measures would not prevail, and in those cases it has felt compelled, in order to bring about needed changes as speedily as possible, to act in perhaps a more earnest and positive manner than ordinarily might be necessary. There are abuses incident to the care and treatment of the insane which it is not wise to tolerate an instant longer than is absolutely necessary; in dealing with them mild measures are not effective nor are mild suggestions conducive to results. Sometimes vigorous action by the Commission, it is to be regretted, led to threats of an attempt to impair its usefulness; but so far this opposition has not gone beyond words. The Commission's orders have been observed.

It has been suggested in certain quarters that the Commission was improperly organized, and various suggestions have been made for a change in this respect. Among

others it is proposed that a member be appointed for the especial purpose of representing the boards of managers or trustees of the various State hospitals and the proprietors of private asylums; another, that each particular school of medicine should be recognized, the "regular," the homœopathic, the eclectic, and perhaps other schools. While it is possible that each of these interests should be represented, it need hardly be pointed out that the recognition of such a principle would result in the creation of a bulky and unwieldy body which would often become hopelessly divided in its action, by reason of irreconcilable differences of opinion among its members. If, however, it be deemed advisable to enlarge the Commission so as to represent special interests, care should be taken that all interests should be recognized.

As before stated, the Commission has endeavored to act with the utmost impartiality toward all classes. It has simply aimed to do its duty and to administer the law as it finds it. It must not be forgotten that the powers of the Commission are simply those conferred by statute as interpreted by the courts. It can exercise no individual discretion. To do otherwise would be to exceed its powers and thus invite its own downfall. It also realizes that its official acts are subjects for fair criticism. It has been willing to have its acts and orders submitted to a judicial test. It has expressed entire willingness to recede from any position it has taken, if it can be shown that such position was wrongfully taken. In fact, it has invited at all times and in all places aggrieved interests to bring a judicial test to bear upon the exercise of its powers. Thus far no denial of its powers has been made to the extent of requiring the Commission to appeal to the courts.

While the Commission was not required by the terms of the amended act to visit the poor-houses of the State — its duty being to visit only such institutions as are authorized by law to care for and treat the insane — it would, nevertheless, feel that it had been remiss in its duty if it neglected any of the public insane within the State,



and hence it has diligently sought to enforce the observance by the superintendents of the poor of rules and regulations designed for the government of county asylums or poor-houses, and to this end has made various recommendations for the better treatment and safety of their inmates, pending their removal to the State hospitals. (See page 43.) Yet, it is constrained to say that, because the power to levy county taxes belongs exclusively to county boards of supervisors, and because responsibility is largely lost through subdivision of powers possessed by other county officials, the Commission has been able to accomplish but little in this direction, and, the condition of the insane in the county institutions can hardly be expected to improve much beyond what it is at the present time.

PART XIV.

ORDERS AND RECOMMENDATIONS.

General orders not related to special subjects treated in the report.

ORDER RELATING TO THE TRANSFER OF PATIENTS FROM ONE INSTITUTION TO ANOTHER.

[Form 30.]

STATE OF NEW YORK — STATE COMMISSION IN LUNACY.

At a special session of the State Commission in Lunacy, held at the Capitol, in the city of Albany, on the 2d day of July, 1890.

Present — Carlos F. MacDonald, M. D., President; Goodwin Brown, Henry A. Reeves, Commissioners.

IN THE MATTER OF THE TRANSFER OF INSANE PATIENTS FROM ONE INSTITUTION FOR THE CARE OF THE INSANE TO ANOTHER.

Ordered. 1. That no inmate shall be transferred from one institution for the care and treatment of the insane to another except upon the following terms and conditions:

(*a*) An application in writing setting forth the reasons for such transfer shall be made to the Commission by the medical superintendent or officer in charge of the institution from which the transfer is sought to be made.

(*b*) An order of transfer in writing, attested by its secretary, must be obtained from the Commission.

(*c*) The order of transfer must be filed in the institution from which the transfer is made, and a certified copy of the same, together with a certified copy of the medical certificate of lunacy, must be annexed and filed in the institution to which the transfer is made.

(*d*) The medical superintendent of the institution to which the transfer is made shall, within ten days after the receipt of the patient, notify the Commission of the fact and the date thereof, but a copy of the medical certificate of lunacy need not accompany the notice.

2. This order shall not apply to either of the following cases:

(*a*) Inmates of the State Asylum for Insane Criminals, or patients committed upon "criminal orders."

(*b*) Patients ordered transferred by the Commission upon its own motion.

3. This order shall take effect July 21, 1890.

By the Commission.

[L. S.] T. E. McGARR,
Secretary.

The foregoing general order of transfer was issued in order to facilitate the transfer of the insane from one institution to another without the necessity and the consequent expense of the procuring of a new medical certificate, with its resulting annoyance to friends and relatives, and at the same time to enable the Commission to be kept definitely informed of the whereabouts of the patient. Previously, by want of such order, serious inconvenience had been felt. Whenever an application is made setting forth substantial reasons, a transfer order is issued. This order, it should be borne in mind, has no relation to an order required to be made by the president of the Commission permitting a public insane patient to be received into a State hospital beyond the limits of the district in which he resides.

ORDER RELATING TO CORRESPONDENCE.

[Form 40.]

STATE OF NEW YORK — STATE COMMISSION IN LUNACY.

At a special session of the State Commission in Lunacy, held at the Capitol, in the city of Albany, on the 18th day of November, 1890.

Present — Carlos F. MacDonald, M. D., President; Goodwin Brown, Henry A. Reeves, Commissioners.

IN THE MATTER OF THE CORRESPONDENCE OF INMATES OF INSTITUTIONS FOR THE CARE AND TREATMENT OF THE INSANE.

Ordered. 1. That each insane patient be permitted to write to some relative or friend once in two weeks, and oftener if necessary, in the discretion of the medical superintendent. In the case of patients unable for any cause to write, the medical superintendent must direct some proper person to write for such patients at suitable intervals, if they so desire. All letters must be forwarded at once, unless they are obscene, profane, illegible or too incoherent to be understood, and the postage must be furnished by the institution, if relatives or friends are unable to provide the same.

2. All letters detained because of obscenity, profanity or for other reasons, must be forwarded at once to the office of the State Commission in Lunacy, and reasons for the detention must be briefly stated in each case by indorsement upon the envelope.

3. All letters addressed to the Governor, Attorney-General, judges of courts of record, district-attorneys or the State Commissioners in Lunacy must be forwarded at once, without examination.

By the Commission.

[L. S.] T. E. McGARR,
Secretary.

By a special provision of the statute, the Commission was required to regulate the correspondence of insane patients. It was found to be a matter of some difficulty, and the Commission had the subject under consideration for a long time before arriving at any definite conclusion as to the steps to be taken. There is a certain class of patients, who, if permitted, would write every day, some of them several times a day. There are others who constantly write matter unfit to be forwarded. Then, again, the vast majority of patients are those held at public expense, and, therefore, it becomes a question as to what extent the

public must furnish postage and stationery. This order, it is believed, will provide all of the substantial safeguards needed to protect the insane in their rights. It must be remembered that, with all the statutory requirements and safeguards that can be provided, there is always the element of human nature to be considered, and that, if a medical superintendent were disposed to suppress letters, it would be a very difficult matter to reach him. The Commission would not do justice to the asylum managements if it did not unequivocally express the belief that in all proper cases letters are promptly forwarded. It is true that in some instances letters have been detained because of a belief that public funds could not be used legally for the purpose, a belief which the Commission was at some pains to dispel. Thus far the Commission knows of no instance, with the above exception, where letters have been improperly detained.

This order is subject to modification as experience may indicate the necessity of it.

Order Relating to Parole and Escape.

[Form 41.]

STATE OF NEW YORK — STATE COMMISSION IN LUNACY.

At a special session of the State Commission in Lunacy, held at the Capitol, in the city of Albany, on the 18th day of November, 1890.

Present — Carlos F. MacDonald, M. D., President; Goodwin Brown, Henry A. Reeves, Commissioners.

In the Matter of the Parole and Escape of Inmates of Institutions for the Care and Treatment of the Insane.

It having been made to appear that

(a) A custom has long prevailed, without authority of law, although sanctioned by long usage, in various institutions in the State for the care and treatment of the insane, of permitting patients to temporarily leave the institutions to visit friends, or to go out "on trial," for a time not fixed and entered on the books of the institutions and extending over indefinite periods, sometimes even more than a year; and

It having been made to appear that

(*b*) Due diligence has not always been exercised to discover the whereabouts of insane patients who have escaped, and to promptly secure their return; long intervals often elapsing between the date of escape and return; and

(*c*) Patients suffering from insanity being liable to recover at any time, and deprivation of liberty being justifiable only so long as insanity exists, and where long intervals are permitted to elapse between the date of parole or escape and the date of return of patients to an institution, the possibility may arise of their being reconfined when not insane, by reason of recovery during such interval; it is hereby

Ordered. 1. That no insane patient, while in the custody of an institution be permitted to go upon parole, who in the judgment of the medical superintendent is homicidal, suicidal, destructive or dangerous either to himself or others.

2. That no parole be granted for a greater period than thirty days, exclusive of the date thereof, and that the following entries relating to said parole be made in the patient's history in the "case book": Date of parole, place or places where patient may go, and, if paroled to the care of a person, the name and residence of such person, and the date when such parole is to end.

3. That upon the escape of a patient, prompt and vigorous measures be taken to secure his return; relatives or other persons responsible for the commitment of such person must be immediately notified in writing and where possible by telegraph, and the date of the escape and proceedings taken in relation thereto must be entered in the "case book" at once.

4. A patient who has been paroled or who has escaped, if not returned to the institution on the thirtieth day, exclusive of the date of parole or escape, must be discharged from the books upon that day, and thereafter a notice of such discharge by parole or escape must be forwarded to the Commission, but not otherwise, and such patient must not be readmitted except upon a new medical certificate of lunacy, the cost of which and of the return of the patient (except in the case of private institutions by special agreement) must be borne by the institution.

5. But nothing in this order contained shall be construed to justify the relaxation of diligence at the expiration of thirty days from the date of escape to secure the apprehension of an escaped patient, nor, in the case of a patient confined in a State hospital, shall this order

be held to justify charging the highest rate by reason of a return upon a new medical certificate made necessary by absence for a greater period than thirty days upon a parole or escape, and the time of such absence shall be estimated as a part of the time during which the highest rate can be charged if the escape or parole occurred during such time.

6. Nothing in this order contained shall be construed to permit a patient held on a "criminal order" to be paroled, or discharged in case of escape.

By the Commission.

[L. S.] T. E. McGARR,
Secretary.

In the performance of its duties the Commission has found nothing more difficult of regulation than this. No statutory provisions are to be found. For many years the whole matter has been left to the discretion of individual superintendents. It is open to serious question whether patients ought to be paroled or permitted to go outside the limits of the institution, to visit friends and relatives, beyond a daily walk or ride for exercise and recreation. There are other serious difficulties surrounding the subject, especially, for reasons which are obvious, in the cases of people having husbands or wives. But the Commission, desiring to be guided as far as possible by the experience of the superintendents of the State hospitals, and deferring to the wishes of a majority, determined to permit the parole of these patients to the extent of the terms indicated in the order.

Under a curious misapprehension a belief seemed to have grown up throughout the State that a parole might be granted for a period not to exceed ten days. Under what circumstances the belief could have arisen, or by the interpretation of what statute, the Commission has never been able to clearly discover. There never was at any time any provision of law which permitted a patient to be paroled for ten days, or, in fact, for any length of time. The Commission, however, as indicated in the formal order, found that patients had been permitted to wander about the locality of the asylums, sometimes for great distances and

for months at a time, in some instances for even more than a year. Upon the discovery of this state of affairs, early in its administration, it expressly directed that such paroles must not exist beyond a definite time, and the various hospitals throughout the State were informed verbally by members of the Commission, and, in some instances, by written communications, that such practice must be discontinued; that, if patients were paroled at all, the time must be limited and entered upon the books, and, upon the expiration of that time, if the patient was not returned, he must be discharged from the records. But the Commission never at any time authorized the medical superintendents to make no effort to capture a patient who had escaped and who had been absent more than the time indicated as proper for a parole, and, so far as the Commission is aware, no superintendent has taken this position.

It is proper to speak particularly upon this point by reason of the fact that certain criticisms of the Commission were indulged in officially by coroners and grand juries, in the county of Kings, relating to the killing of Dr. George F. Lloyd.

The Commission preferred not to reply to those criticisms at the time they were made, and to defer the subject until its regular report to the Legislature.

Some time after the killing of Dr. Lloyd, the Commission, through one of its members, investigated the circumstances of the killing, and upon such investigation Dr. Fleming and others were sworn, and the evidence given upon the point relating to the matter by reason of which the criticisms of the Commission were made, is as follows:

STATE OF NEW YORK — STATE COMMISSION IN LUNACY.

Present — Commissioner Goodwin Brown.

IN THE MATTER OF THE INVESTIGATION OF THE CIRCUMSTANCES ATTENDING THE ESCAPE OF JAMES M. DOUGHERTY, AND THE KILLING BY THE SAID DOUGHERTY OF DR. GEORGE F. LLOYD IN THE KINGS COUNTY ASYLUM.

Dr. Walter S. Fleming, being duly sworn, states as follows: "Dougherty escaped September 16, 1890, in the night time. I was away and did not return until the following night. On the morning

of the eighteenth of September, I notified Dr. John A. Arnold, who advised me to wait a few days and see if anything would be heard of him, Nothing was heard of him until he returned for his keys and papers. He was formally discharged from the books on the twenty-fifth of September, his visit being on the twenty-sixth. Dougherty was a State case; was committed here by Dr. Hoyt, secretary of the State Board of Charities. The commissioners of charities and corrections were notified of the elopement of Dougherty very soon after. All patients who elope, escape or are paroled are noted on a special "pass" slip, which is forwarded the first thing to the commissioners of charities and corrections. On occasions the commissioners have made special inquiry in cases of escape, and asked us what action we had taken. No inquiry was made in the case of Dougherty. No other notice was given to anybody until Dr. Hoyt, the State agent, appeared here on the 29th day of September, 1890, when I notified him personally. Dr. Hoyt made no special instructions in regard to the case. Dr. Hoyt did not tell me or any one, so far as I know, that he had given notice to any one or taken any action whatsoever. Upon the return of Dougherty after his valuables, and after his leaving the asylum on September 26, 1890, immediately after he left, at about a little after 5 o'clock, I notified by telephone the police headquarters at Brooklyn. I said: 'A patient who had escaped from here some days ago, had been here with a revolver, and asked for his property; that he had threatened Dr. Hoyt, secretary of the State Board of Charities, and that he had gone towards Brooklyn.' I then gave the patient's name and description. The answer was: 'Why didn't you hold him.' I replied that they apparently did not understand the situation I was in. The reply was: 'You're a fine crowd out there to give us your dirty work to do. What do you expect us to do about it?' I replied that I did not know, but I should think it advisable to notify the New York police and cover the ferries. Then they asked whether he was a patient here yet. I said no; that he had been discharged from the records, and that we could not hold him without new papers. They then said: 'Who would make a complaint?' I said I supposed Dr. Hoyt would; if he did not, I would.

"Although the patient was discharged from our books, I regarded him at this time as a dangerous person, especially toward Dr. Hoyt, and I took the only course open to me, that is, I notified the police. I also telegraphed Dr. Hoyt, at his home in Canan-

daigua, N. Y. I told him in the letter I had notified the Brooklyn police, and advised him to notify the authorities at Canandaigua, Albany and New York, as he had made threatening remarks. I saw Dr. Hoyt four days later on the street and related all the circumstances. Dr. Hoyt said he notified the police at Canandaigua, and asked Mr. Blake, of the charities department of New York, to notify the New York police, which he said he had done.

"At the time that I took charge of this institution I found that patients had been paroled for an indefinite period. In one case the books showed as long as a year, up to the date of the visit of the State Commissioners in Lunacy, and patients also who had escaped or eloped, had been held on the books for an indefinite period, and in some cases, patients so paroled or who had escaped, were returned on the old papers after various long terms, sometimes periods of weeks or months. Not knowing any law or rule in regard to the matter, and continuing the practice as I found it, I took occasion the first time I saw the State Commissioners in Lunacy to ask their opinion in the matter and to get their advice. The Commissioners stated that such irregular practices should not be allowed to go on, and that if the practice of permitting patients to go on pass or parole was to continue, that a definite time should be fixed and an entry made on the books, and, in any event, in the judgment of the Commissioners, such period should not exceed ten days or two weeks, as it was not proper that insane patients under the control and custody of the asylum should be permitted to wander about for an indefinite period, and that, if returned or found at the expiration of the time set, they should be admitted on new papers, and that the same principle should apply to cases of elopement or escape. This was the substance of the conversation by the Commissioners, and upon it I have continued to act. They did not say to me, and I have never acted upon any such assumption, that after an elopement or escape, and ten days or two weeks had gone by, no further effort was to be made to recapture or look after a wandering lunatic.

"After Dr. Lloyd had been shot, I notified the Brooklyn police headquarters by telephone, and I received this answer: 'We'll look out for him this time for you.'

"In the course of this conversation that was had with the Commissioners in Lunacy, the reason that they gave for requiring the course to be pursued, above stated, was this: That a person committed to an

asylum upon a medical certificate of insanity could not be held for any stated period, but only so long as the patient continued insane; that insanity being a disease which is liable to terminate at any time, there would be possible danger of a patient who had been committed and who had been absent by reason of a parole or escape for weeks or months, being returned entirely sane and subject to arrest and imprisonment, by reason of recovery while absent, and that the Lunacy Commissioners fixed a definite time of absence in order to guard against such a possibility, and with a further view of keeping a closer watch and control of insane patients than had heretofore prevailed. The Lunacy Commissioners also said that they had found a similar state of affairs in nearly all, if not quite all, the asylums of the State, and that while they had adopted no definite rule, they had given substantially similar instructions to the officers of all the other institutions as were given here."

Norman H. Schneider, being duly sworn, said as follows:

"I have heard the testimony given by Dr. Fleming relating to the notice he gave by telephone to the police after Dougherty came here and demanded his valuables at the point of a revolver, and that said testimony is in all respects true, as I was near the telephone and heard all that Dr. Fleming said."

Thomas G. McGreal, being duly sworn, said as follows:

"I was near the telephone at the time that Dr. Fleming telephoned to the police department, on the twenty-sixth day of September, a little after 5 P. M., that Dougherty had been to the asylum and demanded his property at the point of a revolver, and heard all the doctor said; and that the testimony, in that regard, given by Dr. Fleming at this investigation, regarding what he said at the telephone, was true."

It will be observed by the reading of the testimony of Dr. Fleming that he never for one instant assumed, from any instructions received from the Commission, that he or the authorities were not required to take the necessary steps to apprehend Dougherty after his escape, although he had been dropped from the books at the time indicated by the Commission. But on the contrary he construed the verbal order in its true spirit as having been given for the greater protection of the insane and of the public.

[Form 42.]

ORDER RELATING TO REPORTS.

STATE OF NEW YORK — STATE COMMISSION IN LUNACY.

At a Special Session of the State Commission in Lunacy, held at the Capitol in the city of Albany, on the 18th day of November, 1890.

Present — Carlos F. MacDonald, M. D., President; Goodwin Brown, Henry A. Reeves, Commissioners.

IN THE MATTER OF THE REPORTS TO THE OFFICE OF THE COMMISSION OF THE "NUMBER FOR THE YEAR" AND THE "CONSECUTIVE NUMBER" OF INSANE PATIENTS.

In order to guard as closely as possible against error in the returns to the office of the State Commission in Lunacy of the number and the disposition of insane patients, it is hereby

Ordered, That all patients who have been discharged and subsequently readmitted must be regarded as new cases, and, as such, given a new consecutive number and a new number for the year, and must be in each instance reported to the Commission. But this order shall not apply to a case where a patient is ordered to be re-examined by reason of a defective medical certificate of lunacy, and is not removed from the institution.

By the Commission.

[L. S.] T. E. McGARR,
Secretary.

As above stated, one of the great evils the Commission had to contend with in furnishing reliable statistics in regard to the insane has come from the diversity of methods employed by the various institutions for the insane in the State of reporting cases of readmission and re-examination to the office of the Commission. This order, it is believed, will remove this source of error and will thus obviate difficulties which have heretofore been experienced.

RECOMMENDATIONS MADE BY THE COMMISSION.

The following is a transcript of recommendations at one of the State hospitals:

MEDICAL INSPECTION.

In order to secure a better degree of order and cleanliness than now obtains, there should be established and maintained a systematic

weekly inspection by the medical officer in each department of every portion thereof, including dormitories, day-rooms, every patient's and attendant's room, corridors, water-closets, bath-rooms, lavatories, clothes-rooms, stairways, attics, basements, and all other accessory rooms; the kitchen, laundry, bakery, store-room, and all rooms occupied by outside help, together with the barns, shops and all other outbuildings, should be regularly inspected once each week by a medical officer detailed for that purpose, who should also observe the condition and order of the grounds immediately surrounding the buildings. A record of these inspections should be kept in a book provided for that purpose for the information of the managers or trustees, the medical superintendent and the Commissioners in Lunacy.

Medical officers on their daily rounds through the wards should carefully observe the condition of each patient's and attendant's person and clothing, bed and bedding, with a view to keeping them uniformly neat and tidy in appearance.

The medical superintendent should hold the assistant physicians strictly accountable for the condition of the patients and attendants, their persons and rooms, and all the apartments within their department, as to order and cleanliness.

Under the direction of the medical superintendent, the matron should make a regular monthly inspection of all parts of the institution occupied by or used for patients and subordinate employés. A record of these inspections should be kept for examination by the managers or trustees, the medical superintendent and the Commissioners in Lunacy.

Patients' Persons.

Constant care should be observed in regard to the personal appearance of the patients; shaving of patients should be done at least once weekly and the beards of those who do not shave should be regularly trimmed; the hair of male patients should be properly cut at least once a month, and of female patients care should be taken to keep the hair in as neat and tidy a condition as practicable, especially of those who are violent and maniacal, and each patient's hair should be combed once each day. Safety razors should be used in shaving patients. Patients' wearing apparel should be kept in order; torn clothes should be mended, missing buttons sewed on, etc., thereby securing neatness and preventing exposure of person. The marking of patients' clothing should be done by means of a piece of tape containing the name stitched onto the garment, in order that the

mark may be readily removed when the patient dies or is discharged. A suitable place should be provided at the entrance used by patients who work outside the buildings for reception of boots and shoes, and they should be supplied with slippers or light shoes for use on the wards. All shoes and slippers worn on the wards should be blacked at least once each week. For bathing and toilet purposes a better quality of soap than is ordinarily used should be provided. The finger and toe nails of all patients who are incompetent or unwilling to do it themselves should be carefully trimmed when bathed. Greater care should be observed in the making of beds to secure a neat and uniform appearance.

SANITARY CONDITIONS.

Mops and scrub-pails should, as far as practicable, be kept outside the building in a receptacle specially provided for that purpose; brooms should be hung by the handles and kept in closets where they can be ventilated when not in use. Worn-out or broken mops, brooms, brushes, crockery or other utensils should be condemned, and with all other rubbish be promptly removed from the wards.

Dust chutes should be cleaned out, and dust boxes should be emptied daily. Water-closets, urinals and slop-sinks should be frequently and thoroughly cleansed, and the arrangements for flushing should be ample. Clothes-rooms and closets of whatever kind should be ventilated top and bottom. The practice of hanging sheets over patients' clothing in clothes-rooms should be discontinued. It is recommended that in future purchases pails made of metal or other non-absorbent material rather than wood be preferred. Water-closets and urinals should be provided on the airing courts or exercise grounds for the use of patients when outside the buildings. All the bed linen should be changed at least once each week.

ATTENDANTS.

The dress of attendants, both male and female, including those employed in ward dining-rooms, when on duty on the wards should be uniform, the style and quality of the material to be prescribed by the medical superintendent. They should be required to keep their uniforms neat and tidy, and male attendants when on duty should wear collars and neckties and keep their clothing and shoes neatly brushed; those who shave should do so when not on duty and often enough to present a neat and cleanly appearance.

Furniture on Wards.

Articles of furniture should not be fastened to the floors, unless special reasons exist to the contrary in each case. The supply of seats should be sufficient to afford a sitting for each patient; furniture should be supplied to certain wards now lacking in that particular. Pictures should be hung upon the walls of those wards where there now are none or too few; and the walls of corridors and day-rooms should be painted and decorated wherever needed. The lavatories should be supplied with small, heavy plate-glass mirrors, framed in hard wood and securely fastened to the wall.

Laundry Machinery.

The machinery in use at the laundry should be better guarded than at present by fenders or other appliances to protect patients and employés against injury from contact therewith.

Hospital Wards.

In each department or building where patients sufficiently ill to require treatment in bed are permitted to remain, there should be set apart a room of ample capacity for the purpose of a hospital or infirmary ward for their special use, to be under the charge of an attendant skilled in nursing the sick.

Table Service.

Dining-tables, except for the most untidy, disorderly and disturbed class of patients, should be supplied with tablecloths, to be changed as often as necessary. Bread-trays or baskets should also be provided for the dining-tables. Table-ware should be renewed whenever it becomes badly marred.

Medicines.

As far as practicable, the "single dose" system of dispensing medicines should be rigidly adhered to, and in all cases of departure from this rule the medicines so dispensed or drugs or liquids used or dispensed for disinfecting or any other purposes should be plainly labeled with full directions in writing, and the bottle or package should be kept locked in a medicine closet specially provided for the purpose in the room and under the charge of the head attendant of the ward.

READING MATTER.

A greater and more varied supply of reading matter, such as books, magazines, periodicals and newspapers, both local and general, especially the former, should be supplied for the use of the patients.

CASE BOOKS AND RECORDS.

Case books and records should be regularly written up; and an entry should be made in the medical history of each patient as often as once in each month over the signature of the medical officer making or dictating such entry.

SEPARATION OF SEXES.

Greater precautions should be observed to secure complete separation of sexes as to the sleeping apartments of attendants and other employés. Women employed in any capacity on the men's wards should not be permitted or required to sleep thereon, except in cases of man and wife; and where apartments of both sexes are on the same floor, proper separation should be enforced by means of partitions and a separate entrance for each sex.

FIRE PROTECTION.

In each case of a building for the insane which is more than one story in height, a sufficient number of fire-escapes of suitable design (the Commission does not approve of the spiral form) should be provided, to be easily accessible by means of doors from each floor, and if there be not funds enough available to supply this important means of protection, application should be made to the Legislature for the money needed.

In addition to outside hydrants and fire-extinguishing apparatus, there should be provided inside stand-pipes with a connection or outlet on each floor, to which a sufficient length of fire hose to reach the extremity of the ward in all directions should be kept constantly attached; all fire hose should be tested at least once in three months under the direction of the engineer, who should train the employés in its use. A portable fire extinguisher and not less than six hand grenades or patent fire pails should be conveniently placed on each ward. At least six galvanized iron fire pails, to be kept filled with water and used for no other purpose, should be located at proper points on each ward. The bath tubs should be kept filled with water over night, and pails placed near them. Where gas is used, the pressure

should be regulated by a governor, so that the flow should be as nearly uniform at all times as possible; none but safety matches should be allowed on the premises, and it would be preferable to dispense with these on the wards, using in their stead electric torches to light the gas when needed; lanterns should be kept at some point outside the buildings occupied by patients, in charge of one person, who should regularly clean, replenish and distribute them. Painters' supplies and inflammable liquids of all kinds should not be stored in buildings occupied or used by patients. Suitable steps should be provided under the windows intended to be used as exits to the fire-escapes, and the fire-escapes should be properly inclosed. It would be well to have patients occasionally go down the fire-escapes in order to accustom them to their use. If oil is used at all upon the floors, it should be applied only in minimum quantities and thoroughly "rubbed out." The oil, as far as practicable, should be applied by one person skilled in its application, and only when directed by a medical officer in each instance (the observation of the Commission being that, as a rule, oil is used in dressing floors in asylum in much too great quantities), and all appliances used in the oiling and polishing of floors should be removed from the building as soon as used. Cloths or any other articles used in oiling or polishing floors when not in use should not be permitted to remain in any buildings occupied by patients or employés. Gas stoves, wherever used, should be fully protected. The medical officers should rigidly enforce this regulation. The use of swinging gas brackets should be everywhere discontinued, and the gas-jets in all closets, clothes-rooms, attendants' rooms, etc., should be protected by wire screens. Kerosene oil should not be used for lighting purposes, and candles only in cases of emergency. These should be kept in the dispensary in the custody of the apothecary and used only on a physician's order in each instance.

The foregoing particular recommendations are given because they fairly illustrate the policy which is being pursued by the Commission and indicate its general standard of requirements for the government of the hospitals. They have been applied to each State hospital so far as they were applicable, with the needed modifications in each case. Certain of these recommendations, so far as practicable, have been applied to each

of the private asylums of the State, care being taken in small institutions to modify according to their several needs and conditions. Of these recommendations some were not, but many were, enforced in the various institutions, though not all in each institution, as no rigid standard of requirement has been insisted upon; but the recommendations were not made until after careful observation of the workings of the various institutions, all whose good points were noted; they were not designed to cast any reflection upon the management, and some of the requirements were renewed even after they had already been acted upon, as parts of a general scheme of administration, and to put on record the Commission's sense of their importance. Complaint has been made by certain superintendents that these recommendations were too much in detail, and left too little to the discretion of the medical officers. In reply to this the Commission may say that all its recommendations were complied with in many instances throughout the State, thereby attesting their utility. It should not be forgotten that superintendents and medical officers change, and that while one officer may possess the requisite intelligence, discretion and energy to properly care for the insane without specific instructions in detail, others might not. In any event, even where the requirements were already enforced, no harm certainly could come from their repetition. In all respects, they are believed to be reasonable and proper, and except perhaps those involving large expenditures of money, such as outside fire-escapes, capable of performance. The Commission does not intend to require absurdities and impossibilities, and has expressed its entire willingness where suggestions have been made which are impossible of fulfillment, or which would involve real hardship, to modify them so as to meet the needs of both the insane and the management.

PART XV.

Unification of Accounts and Records.

After a comprehensive survey of the entire State hospital system, the Commission came to the conclusion that in order to secure more valuable results than were then possible, it would be necessary to establish a greater degree of uniformity in methods of government and in the management of all the institutions.

In no particular was this more apparent than in the complete lack of harmony or uniformity in the books, records and papers of the various asylums. This was noticeably true in regard to the State hospital system, where it was plainly seen that it would be impossible to make any useful comparison or to draw any conclusions of value between these institutions, so far as their cost of maintenance, etc., was concerned, until the books of accounts were alike in each. This subject having been heretofore treated at some length (see page 13), it will not be necessary to here recur to it.

The same defect, however, and in almost as important a respect, was observed in regard to the statistics and records of the insane; and this, too, was true not only of the State hospital system, but also of the private and city institutions. It was found, for example, that no definite conclusions could be reached in regard to the number of cures or the death rate, whether high or low, and so on through all the ramifications of necessary information relating to insane patients. As before stated, one superintendent would base his cures upon admissions, another upon daily average population, another upon discharges; the result being that by reason of all this confusion of methods, the State, the sovereign power to which the people had a right to look, was unable to furnish any information of value. This evil the Commission has diligently sought to correct by the adoption of uniform methods throughout the entire asylum system of the State. These forms of

books, blanks and records have now been applied to all State hospitals, and by a formal order will soon be applied (with suitable modifications) to the private and city hospitals of the State. It is not contended that the forms which have been adopted are the best possible ones; no doubt improvements might be made; but at least they have the merit of being uniform and from them some reliable data may be drawn. In some particulars the Commission has had occasion to observe that the books, records and accounts of one institution were superior to those of another, and for the purposes of the management of such institution had proved useful and easy to understand. Nevertheless, the system was such that it could not be applied with desirable results everywhere. Naturally the overthrow of the established system of any institution was sure to result in protest and lamentation over the destruction of that which was tried and approved and familiar, and the substitution for it of what may have been thought to be of doubtful or of lesser value; but the Commission, deeming the general interest of the State to be paramount to local advantages, felt obliged to disregard this protest and to adopt a uniform system for all.

When the system of unification is fully applied throughout the State and becomes workable and easily understood by all persons having occasion to understand it, then it will be possible for the first time in the history of the State to furnish information from which accurate and reliable deductions can be drawn.

PART XVI.

COMMITMENT OF THE INSANE.

It is not easy to find a short definition which will indicate clearly the means and methods by which an insane person is deprived of his liberty for the purpose of care

and treatment. An insane person is not like a convict. He can not be subjected to a trial and be made the subject of a judgment rendered. To be sure, a jury can pass upon the question of the sufficiency of insanity for the purpose of deprivation of liberty. He is not subject, however, to a legal charge, as generally understood, nor to an indictment. He must, by reason of the nature of his malady, be subject to control and is therefore deprived of liberty; but, while he is not "committed" to an asylum, as the word is ordinarily understood, in actual effect he is committed.

Previous to 1874, the provisions of the statute in regard to the incarceration of the insane were vague and not easy of application for the more numerous class of the insane. In that year the foundation of the present system was laid down, and judging by subsequent experience there would appear to have been no necessity for any material change, as results have shown that no harm has come from its method and operation.

It is frequently asserted, presumably by those not familiar with the subject or who do not give it proper thought, that all it is necessary to do in order to get a person into an insane asylum is to secure the consent of two physicians. To be sure, the consent of two physicians is requisite, but there are other things requisite which are of quite as much importance.

Since 1874, no physician who is not a graduate of a legally incorporated medical college, a permanent resident of the State, and who has not had three years' actual practice in his profession and is not a person of good character, has been permitted to sign certificates of insanity. These facts must have been shown to a judge of a court of record, who, upon being satisfied of their existence, is empowered, in his discretion, to issue a certificate which entitles such a physician to conduct an examination, and with an associate physician to make a certificate. Thus at the very outset the statute carefully provided that only properly qualified physicians, of fitting character and experience, as determined by a judge, should be permitted to make a cer-

tificate. And even then no person could be detained in a lunatic asylum for a longer period than five days, unless such certificate was approved by a judge of a court of record, and unless the judge is satisfied he need not approve such certificate, but may cause a further examination, or may even summon a jury to aid in determining the question. Above and beyond all that is that great safeguard of every citizen, the writ of habeas corpus.

In order to secure uniformity, the statute provided that the State Commissioner in Lunacy should prescribe the form of the medical certificate and of the certificate of the qualifying physicians. Up to the passage of the act of 1889, creating the State Commission in Lunacy, observance of the foregoing provisions was all that was required to secure the commitment of a person to an asylum. By the terms of that act, it was required that a copy of every certificate upon which a person is confined in an asylum should be forwarded to the office of the Commission. The act also provided that at the expiration of one year from the date of the passage of the act, it should not be lawful for any physician who had not filed a certified copy of his certificate of qualifications in the office of the Commission to certify to the insanity of any person. The act also provided substantially that the Commission should have the right to investigate the case of any person illegally detained, to examine the certificate on which he was committed, and to discharge such person from custody, if he were found to be illegally detained, either by reason of being not insane, or from the fact that his certificate did not show grounds to justify the belief that he was insane. To recapitulate, then, in order to secure an illegal commitment of a person, it was necessary, first, to procure the connivance of two physicians, presumptively of reputable character, at least so certified by a judge of a court of record; second, the connivance of a judge of a court of record, and lastly, the connivance of a medical superintendent, of his entire staff, and of a greater or less number of attendants and other persons who might

be about the institution. Beginning with 1889, the law has furnished the additional safeguards above referred to. But the Commission, believing that every practicable and reasonable safeguard should be taken, in order to secure absolute uniformity throughout the State, and to render more difficult the incarceration of a sane person, or of a person not insane within the meaning of the statute, or not insane enough for care and treatment as contemplated in the law, ordered that a new form of medical certificate, and also a new form of certificate of qualifying physicians should go into effect. These forms were adopted only after months of careful study, investigation and consultation with leading physicians and alienists, judges and lawyers throughout the State, and with the various medical superintendents of the asylums.

In order, also, to reduce the expense, and to secure absolute and unvarying uniformity, to avoid confusion, and to lessen the chance of error, the Commission decided that the State should furnish all blank medical certificates and certificates of qualifications.

These forms were ordered to go into effect on the first day of July last, and it is gratifying to be able to state that they have been received with favor by the medical profession, and by the courts and public officers generally. As showing to what an extent error has been eliminated, it may be added that the Commission now has to reject by reason of illegality or error less than one-half of one per cent of all the medical certificates received.

The Commission believes that the present system is a good one, and, taking all things into consideration, that proper safeguards are provided. To be sure, much more elaborate and costly machinery might be provided, but it is believed the resultant bad effects would far outweigh whatever evils may be found to exist in the present system, and it therefore recommends that the present laws upon the subject be allowed to remain, with the following changes, which would not affect the principle upon which they are based.

The statute now requires that the medical certificates certifying to the insanity of a patient shall be approved by a judge of a court of record of the county or district in which the patient resides. The Commission believes that the statute should be amended so as to provide that a medical certificate might be approved by a judge in any part of the State, but would limit this right of approval by judges to judges of the county courts, of the supreme court and the superior city courts. Undoubtedly the theory of the framers of the statute was that it would inure to greater security if a judge of a county, or district, who, presumably, would know the patient, or his relatives, or friends, should be required to approve. The Commission believes that this theory has not been borne out by practical experience, and, furthermore, that there are other difficulties which were not considered, such as instances frequently occurring of the commitment of patients who have, strictly speaking, no residence, often being not even residents of the State. Sometimes persons are taken violently insane in a county, or locality, far removed from their homes; then delay is occasioned by the necessity of forwarding a certificate of two physicians, unknown to him, to a distant judge, and requiring his approval, which is not infrequently refused. Under present safeguards, physicians being required to file their certificates in the office of the State Commission in Lunacy, and all certificates being there subjected to inspection, there would seem to be little objection to providing that a judge of a higher court might approve of a medical certificate anywhere in the State. The act also provided that a person might be held in an asylum for five days without a certificate that had been approved by a judge. This was unquestionably based on the theory of permitting urgent cases to be received into an asylum without waiting to get the approval of a judge. It needs hardly be pointed out that, assuming that there is danger of a sane person being confined illegally, for many purposes five days or even one day's detention would be as injurious as a hundred. More-

over, the Commission believes that experience has shown that there is no practical necessity for permitting this course to be pursued. Undoubtedly it was not supposed that such a course would often become necessary. Experience shows that from it great trouble and annoyance have been experienced, because a statute, especially one which deprives a person of liberty, must be strictly construed. Patients are often brought to an asylum, and the medical certificate is not approved within five days. Every moment's detention beyond that time is illegal. Moreover, it becomes necessary to discharge the patient, to procure his re-examination, and finally an approval. All this could be obviated by requiring the approval to be had in the first instance before the reception of the patient. Certainly it would seem that the State should not be put to trouble and expense in order to subserve an occasional convenience. If the restriction of requiring a judge who lives in the county or district to approve a medical certificate is removed, most if not all of the objections to the proposed change would disappear.

Among other things, each physician in making out a medical certificate of lunacy is now required to certify as follows: "I have with care and diligence personally observed and examined within five days prior to the date of this certificate, and more particularly did so on that date, namely, on the day of , 189 , John Doe, a resident of ."

The clause above quoted has been the subject of some misapprehension, more particularly that portion which provided for an examination within five days prior to the date of the certificate. It was necessary to fix a date of the certificate, because the statute provides that "every such certificate shall bear date of not more than ten days prior to such commitment." It was deemed advisable that the date of the certificate should be the date of the final examination by the physicians; in other words, that, if a person were to be incarcerated at all, he should be incarcerated within the ten days, so that time should not be per-

mitted to run along and thereby make it possible that a person could be committed who had meantime become restored to reason. As it was required that both physicians should examine a patient on the date of the certificate, although the form of certificate does not require that the physicians shall actually be in each other's presence while the examination is proceeding—it may be performed at different hours on the day of the date of the certificate—it was necessary to provide that each physician should have the opportunity of personally observing the patient for a reasonable period before the date of final examination, and, therefore, each one is required to certify that he has personally observed and examined within five days. Each physician during this period of five days may examine the patient once or a dozen times in his discretion, or he may examine the patient with or without his associate's presence. In fact, the certificate contemplates that each physician shall have the opportunity of satisfying himself during a reasonable time as to the insanity of a person, and this may be done during the five days prior to the date of the certificate. On that date, however, each physician must examine the patient, although, as stated above, not necessarily in each other's presence, or at the same hour. It is sufficient so long as it is on the same date.

Some annoyance has been caused the medical profession by reason of the statute, which substantially requires that no physician, who had not filed his certificate of qualifications on or before the 14th day of May, 1890, should be qualified to certify to the insanity of a patient, and the Commission, as is often the case with bodies required to enforce a law, have been held by some unthinking persons responsible for it; others have believed that it was a rule of the Commission, and not a statute. It is gratifying, however, to note that a great majority of the physicians in the State who examine cases of lunacy have now forwarded certified copies of their certificates and are entitled to make valid examinations in lunacy. Of course, when upon the

scrutiny of the medical certificates in its office, the Commission found that one of the certifying physicians had not filed in the office a certified copy of his certificate of qualifications, as required by law, it was necessary to discharge the patient, as no jurisdiction by the approving judge had been obtained. In some instances great vexation and annoyance were the result, but it is not believed to be greater than that caused generally by a new statute.

For the benefit of such persons as are unfamiliar with the statute, it is proper to state that the law only contemplates the admission into asylums of such insane persons as require care and treatment. Here is where difficulty often occurs. A person may be somewhat mentally impaired or disordered, but may be capable of caring for himself or his property or of performing his ordinary avocations. True, he may be insane within a strict medical sense, but he is not perhaps insane within the meaning of the law, that is, insane enough to be dangerous to himself or others — not dangerous, perhaps, in the sense of inflicting personal injury upon himself or others, but dangerous because the chances of his recovery will be destroyed unless he be given early care. It is only this class of people who properly can be certified as insane — only these who can be legally admitted. To be sure, the distinction is a fine one. Nevertheless, it must be observed, and the Commission has cautioned superintendents through the State against the detention of persons not insane within the meaning of the statute. As before stated, though there is no reason whatever to apprehend such a result, this construction of the law will prevent the filling of the State hospitals with feeble-minded paupers, as the opponents of State care assert.

Many superintendents of the various institutions for the care and treatment of the insane in the State have urged the propriety of a statute which will permit of the entry of voluntary patients for care and treatment. Under existing statutes, it is not possible for such a person to secure

admission into a State hospital. Previous to the ruling of the Commission, such a person could secure admission into a private asylum, as all classes of persons were admitted.

It is claimed with some force that there are persons who realize that their minds are becoming disordered or impaired, or perhaps feel that insanity is coming upon them, and who desire to secure a haven of refuge before the storm breaks, but who are prevented from securing treatment by practitioners skilled in the care and treatment of the insane until their disease has so far developed as to permit a medical certificate of lunacy to be made in conformity to the statute. The fact is cited that the statutes of Great Britain permit the reception of voluntary patients, as also do those of Massachusetts and certain other States. The difficulty, it seems to the Commission, lies in framing a statute which, consistently with American ideas of personal liberty, could stop a person not duly committed and consequently not held by any process of law, from leaving an institution whenever he might see fit, although his condition might be such as to urgently call for his longer detention. In this country no person of his own volition can deprive himself of his liberty. He can not enter into any contract or agreement which recognizes such deprivation. The main difficulty which the Commission realized in this matter — and of course this whole provision of law rests on the assumption that there is always a possibility of the admission and confinement of a sane person — is a danger that, if voluntary patients were admitted, a sane person might, by various pretenses, be induced to enter an asylum, and the claim afterwards be set up that he did so voluntarily. Moreover, such patients, were they admitted without some express statutory provisions, would not be subject to control of the authorities of the State. There would be no means of knowing whether they were properly cared for. They might occupy, in the private asylums, portions of the building which, in fact, are not a part of the asylum and, as such, not subject to inspection by the Commissioners. It is highly desirable that every portion of a

building used by or for the insane, should be open to the inspection of the Commission, and it was for this reason that the Commission objected to the admission of voluntary patients in association with the committed insane. It did not desire any opportunity for the overlapping of jurisdictions or a commingling of the two classes. It is necessary that the State should have a watchful eye upon all persons in an asylum, and upon all portions of the same. If voluntary patients were admitted, this would oftentimes be difficult.

The Commission, after as full consideration of the subject as it has been able to give, is prepared to favor the admission of uncertified patients to the asylums of the State if the objections herein pointed out can be overcome. But it insists that, if such patients are to be admitted, the terms of admission shall be rigorously guarded; that the names of all such persons shall be reported to the Commission, and all the rooms or corridors or portions of a building occupied by them shall be open to inspection, the same as those occupied by the committed insane.

One difficulty which attends this subject is the case of those who would desire to be committed at public expense. This might be obviated by a revision of the general statutes relating to the poor and indigent.

The following are the forms adopted by the State Commission in Lunacy, relating to the commitment of the insane:

[Form 1.]

STATE OF NEW YORK—STATE COMMISSION IN LUNACY.

This blank is furnished by the State of New York, and others in necessary quantities for originals and copies may be obtained free upon application to the State Commission in Lunacy, county clerks, superintendents of the poor, and the superintendents of asylums or hospitals for the insane.

Each page of this certificate should be carefully read, and the blanks accurately filled to insure the commitment of the patient.

If absolutely necessary, extra sheets may be added, not to exceed the size of this blank, and reference must be made in the added matter to the number of page and line.

MEDICAL CERTIFICATE OF LUNACY.

According to the form prescribed by the State Commission in Lunacy May 6, 1890, and by resolution of said Commission of that date ordered to go into effect July 1, 1890, under the authority of chapter 446 of the Laws of 1874, and chapter 273 of the Laws of 1890.

STATEMENT.

Statement of facts to be made upon knowledge, information and belief by the examiners in lunacy. If any of the particulars in this statement be not known, the fact to be so stated.

1. Sex....; age....years; nativity [*if foreign, how long in U. S.*].... .....; color.....; occupation..... single, married, widowed?*

2. Number of previous attacks....; present attack began ....18..; [*If the patient has ever been an inmate of an institution for the insane, state when and where, and whether discharged recovered or otherwise.*]..... ....

3. Was the present attack gradual or sudden in its onset?.....

4. What is the bodily condition of the patient?.....

5. Is the patient subject to epilepsy?.....

6. Is the patient filthy or cleanly in dress and personal habits?....

7. Is the patient violent, dangerous, destructive, excited or depressed, homicidal or suicidal? [*If homicide or suicide has been attempted or threatened it should be so stated.*] ....

8. What is the supposed cause? [*State both the predisposing and exciting causes.*] ....

9. Has the patient insane relatives, and, if so, state the degree of consanguinity, and whether paternal or maternal?.....

10. What are the patient's habits as to the use of liquor, tobacco, opium, etc.?..... .....

STATE OF NEW YORK:
COUNTY OF..... } ss.:
City, town or village of.....

We,....., a permanent resident of ....., county of....., State of New York, and..... ....., a permanent resident of....., county

* Strike out words not required.

of....., and State aforesaid, being severally and duly sworn, do severally certify and each for himself certifies, with the exceptions which are hereinafter noted as follows:

1. I am a graduate of an incorporated medical college, and a legally qualified examiner in lunacy; a certificate of my qualifications as such examiner, or a certified copy thereof, is on file in the office of the State Commission in Lunacy.

2. I have, with care and diligence, personally observed and examined, within five days prior to the date of this certificate, and more particularly did so on that date, namely, on the.....day of....., 189.., ... a resident of....., of the State of....., and as a result of such examination find, and hereby certify to the fact that said.....is insane and a proper person for care and treatment in some institution for the insane, as an insane person under the provisions of the statute.

3. I have formed the above opinion upon the subjoined facts, viz:

a. Facts indicating insanity personally observed by me, as follows:

The patient said [*Here state what was said to each examiner separately, unless it was said in presence of both*]:.....
.....
.....
.....
.....

The patient did [*Here state what the patient did in presence of each examiner separately, unless it was done in presence of both*]:.....
.....
.....
.....
.....
.....

The patient's appearance and manner was:.....
.....
.....
.....
.....
.....

b. Other facts indicating insanity, including those communicated to me by others, as follows: [*State if there has been any change in the patient's mental condition and bodily health, and, if so, what*]:.....
.....
.....

.....
.....
.....
.....

4. That the answers to the questions contained in the statement are true to the best of my knowledge, information and belief.

.....M. D.
.....M. D.

Severally sworn and subscribed before me this.....day of.....189 .

.....
.....

STATE OF NEW YORK:
COUNTY OF..... } ss:
City, town or village of..... .....

I, a judge of..... ....., which is a court of record, do, on this.....day of.....189 , hereby approve of the foregoing medical certificate of lunacy, the contents of the same having been certified to me under oath; and it being represented to me that it is intended to commit the said.....to (*) .....for care and treatment.

.....

STATE OF NEW YORK.

STATE COMMISSION IN LUNACY

MEDICAL CERTIFICATE OF LUNACY

in the case of

.....

Residence.....

No. of case book..... Page.....

Date of certificate.....189 .

Date of admission.....189 .

Date of approval.....189 .

Name of institution.....

.....

Consecutive number.....

Number for year.....

Legal status*.....

Price per week, $.....

*State whether indigent, public or private.

*Here state name of hospital, asylum, home or retreat.

Chapter 446, Laws of 1874.

Section 1. No person shall be committed to or confined as a patient in any asylum, public or private, or in any institution, home or retreat for the care and treatment of the insane, except upon the certificate of two physicians, under oath, setting forth the insanity of such person. But no person shall be held in confinement in any such asylum for more than five days, unless within that time such certificate be approved by a judge or justice of a court of record of the county or district in which the alleged lunatic resides, and said judge or justice may institute inquiry and take proofs as to any alleged lunacy before approving or disapproving of such certificate, and said judge or justice may, in his discretion, call a jury in each case to determine the question of lunacy.

§ 2. It shall not be lawful for any physician to certify to the insanity of any person for the purpose of securing his commitment to an asylum, unless said physician be of reputable character, a graduate of some incorporated medical college, a permanent resident of the State, and shall have been in the actual practice of his profession for at least three years. And such qualifications shall be certified to by a judge of any court of record. No certificate of insanity shall be made except after a personal examination of the party alleged to be insane, and according to forms prescribed by the State Commissioner in Lunacy (State Commission in Lunacy), and every such certificate shall bear date of not more than ten days prior to such commitment.

§ 3. It shall not be lawful for any physician to certify to the insanity of any person for the purpose of committing him to an asylum of which the said physician is either the superintendent, proprietor, an officer, or a regular professional attendant therein.

Chapter 283, Laws of 1889, as amended by Chapter 273, Laws of 1890

§ 7. * * * * One year after the date of the passage of this act (May 14, 1889), it shall not be lawful for any medical examiner in lunacy to make a certificate of insanity for the purpose of committing any person to custody unless a certified copy of his certificate has been so filed and its receipt in the office of the Commission (State Commission in Lunacy) as above provided has been acknowledged.

[Form 2.]

STATE OF NEW YORK—STATE COMMISSION IN LUNACY.

This blank is furnished by the State of New York, and others in necessary quantities for originals and copies may be obtained by proper persons, free, upon application to the State Commission in

Lunacy, county clerks and superintendents of asylums or hospitals for the insane.

CERTIFICATE OF QUALIFICATIONS

As medical examiner in lunacy, according to the form prescribed by the State Commission in Lunacy, May 6, 1890, and by resolution of said Commission of that date ordered to go into effect July 1, 1890, under the authority of chapter 446 of the Laws of 1874, and chapter 273 of the Laws of 1890:

STATE OF NEW YORK :
COUNTY OF..... } ss.:
City, town or village of.....

I hereby certify as follows:

1. I am a judge of .....
.....which is a court of record within the State of New York, and reside at.....

2. That (from evidence laid before me).....of .....is a permanent resident of said State; that he is personally known to me; that he is a person of reputable character; that he is a graduate of....., which is an incorporated medical college, at ....., in the State of.....; that he graduated from said college on or about the.....day of.....18..; and that he has been in the actual practice of his profession for at least three years since that date, and he is on this..... day of..... .....189.., hereby constituted an examiner in lunacy.

.....

.....

CHAPTER 446, LAWS OF 1874.

§ 2. It shall not be lawful for any physician to certify to the insanity of any person for the purpose of securing his commitment to an asylum, unless said physician be of reputable character, a graduate of some incorporated medical college, a permanent resident of the State, and shall have been in the actual practice of his profession for at least three years. And such qualifications shall be certified to by a judge of any court of record. No certificate of insanity shall be made except after a personal examination of the party alleged to be insane, and according to forms prescribed by the State Commissioner in Lunacy (State Commission in Lunacy), and every such certificate shall bear date of not more than ten days prior to such commitment.

Chapter 283, Laws of 1889, as amended by Chapter 273, Laws of 1890.

§ 7. The said Commission shall keep in its office records showing the names and residences of all judges in this State who are empowered by law to approve medical certificates of insanity, or to make an order of commitment of an insane person to custody; and also a record showing the name, residence and certificate of each medical examiner in lunacy qualified in accordance with the laws of this State; and it is hereby made the duty of each medical examiner in lunacy at the time of the passage of this act, to forward to the State Commission in Lunacy a certified copy of his certificate of qualifications. Hereafter it shall be the duty of every physician who receives a certificate as a medical examiner in lunacy in this State to file such original certificate in the office of the clerk of the county wherein he resides, and to forward a certified copy thereof to the office of the Commission within ten days after such certificate is granted; and said Commission shall cause the said certified copy of said certificate to be filed as soon as received and shall promptly advise said physician of the filing thereof in writing. One year after the date of the passage of this act (May 14, 1889) it shall not be lawful for any medical examiner in lunacy to make a certificate of insanity for the purpose of committing any person to custody unless a certified copy of his certificate has been so filed and its receipt in the office of the Commission (State Commission in Lunacy) as above provided has been acknowledged.

STATE OF NEW YORK.

State Commission in Lunacy.

Certificate of Qualifications

—of—

.....

As Examiner in Lunacy.

Dated.....189.....

PART XVII.

SERVICE OF LEGAL PAPERS ON THE INSANE.

The Commission upon entering upon its duties found to its surprise that the statutes made no reference to the service of papers on the insane not judicially declared to be so, for example, those for whom no committees had been appointed.

Its discoveries about the State with respect to this matter were such as led it to believe that, in order that the rights of these helpless people might be more fully protected, steps should be taken at once; and, therefore, under the general powers and authority of the statute creating it, as interpreted by the decisions of the courts, which declared substantially that the Commission has power to do and to perform for the general welfare of the insane, it issued an order upon the subject.

It found, for example, that papers in actions for divorce were being served upon inmates of the different institutions; that in most instances no record of the service of such papers was kept, and that no report was made to any one, and that there was no reason to suppose that a judgment, although it might afterwards be set aside, could not be entered, to the great annoyance, wrong and injustice of insane people. It also found that pension vouchers were being regularly signed without any authority whatever and without the appointment of a committee; and in one case a soldier in receipt of fifty dollars per month was regularly signing a voucher for his pension, when in truth he did not receive the benefit, so far as could be learned, of one dollar. Instances of this kind might be cited without number.

The Commission, before the issuance of this order, was at pains to consult with some of the most eminent lawyers of the State, and it was only prepared after a full consideration. The execution of this order, so far as the Commission is informed, has not been attended with any serious difficulty. The courts have in all instances given it effect and the rights of the insane thereunder have been fully protected. The order issued is as follows:

[Form 27.]

STATE OF NEW YORK — STATE COMMISSION IN LUNACY.

At a special session of the State Commission in Lunacy, held at the Capitol, in the city of Albany, on the 2d day of June, 1890.

Present — Carlos F. MacDonald, M. D., President; Goodwin Brown, Henry A. Reeves, Commissioners.

In the Matter of the Service of Legal Process upon Insane Patients and the Execution of Instruments by Them.

Ordered, 1. (*a*) That the superintendent or officer in charge of each institution for the care and treatment of the insane be directed not to permit the service of any legal process whatever upon any insane patient except upon the order of a judge of a court of record, which shows that the judge had notice of the fact that the person sought to be served was at the date of the order an inmate of such institution.

That at the time the service of any process is made the following proceedings must be had:

The nature of the process, the date of the same, name of the court out of which it issued, and the date of its service must be entered in the history of the patient in the case-book.

That a certified copy of the order upon which the service is made and of the process to be served must be filed with the papers relating to the patient.

A copy of the process, together with an explanatory letter, must be forwarded at once to the committee of the person and property of the patient, if there be one, or, if there be no committee, then to the nearest known relative or next friend of such patient.

(*b*) That no insane person be permitted to sign any bill, check, draft, or other evidence of indebtedness, or to execute any contract, deed, mortgage or other legal conveyance, except upon the order of a judge of a court of record, which shows that the judge had notice of the fact that the person whose signature is sought to be obtained was at the date of the order an inmate of an institution for the care and treatment of the insane.

That at the time of the execution of the order the following proceedings must be had:

The medical superintendent, one of his assistants or officer in charge must be present at the time of the execution of the order and must see that its terms are strictly complied with.

The substance of the order and the proceedings had thereunder must be entered in the history of the patient in the case-book.

A certified copy of the order must be filed with the papers relating to the patient, and a copy of the same, together with a notice of the proceedings had thereunder, must be forwarded at once to the committee of the person and property of the patient, if there be one, or, if there be no committee, then to the nearest known relative or next friend of the patient.

The original orders are required by statute to be filed with the clerk of the court.

2. That the medical superintendent or officer in charge be directed to keep a copy of these orders posted conspicuously in the general reception-room and office of each institution for the care and treatment of the insane.

By the Commission.

[L. S.] T. E. McGARR,
Secretary.

PART XVIII.

FIRE PROTECTION.

The ever-present danger from fire in the destruction of life and property is always an interesting theme for consideration, but it becomes doubly so when considered in its relations to the insane, who by reason of delusions are often led to pursue in times of danger a course directly opposite to that which would inure to their safety and escape from a burning building. The Commission believes this a subject worthy of special consideration, and, therefore, gives it a separate treatment.

In all of its recommendations and instructions especial attention has been given to the means and precautions taken against fire, and to the means of exit from asylums in case of fire; and, more than all, it has been unsparing in its efforts to impress upon managers everywhere the importance of giving especial attention to the subject.

It would be unjust to the management of these various institutions for the care and treatment of the insane to say

that a large degree of attention has not been given to the subject, but, on the other hand, it is equally true that all of the best ideas and most improved appliances are not peculiar to any one institution; and the Commission has been enabled by a comparison of ideas and observations to apply the best known methods of each institution to all. Within the past year two fearful casualties have occurred in asylums for the insane, one in this State and one in Canada, both resulting in fearful destruction of life and attended by the most heart-rending scenes, and it is worthy of note that in both institutions there was found to be the most utter lack of ordinary precautions. In the case of the burning of the Chenango county asylum, to which reference has been made (see page 59), the Commission found that no precautions had been taken, and it made recommendations. It is proper to add that the original fire was not in the insane department of the county poor-house proper, although it was burned. It may be said, though, that the recommendations were practically brought to the official attention of the board of supervisors and the necessity of fire protection, which might have been applied equally as well to the poor-house department, was brought to their attention.

As showing the rapid destructibility of what are supposed to be even fire-proof buildings, reference may properly be made to the burning of the Presbyterian hospital, in New York city, which occurred December 19, 1889.

This was a structure planned and constructed to be fire-proof, and illustrates strongly the serious danger of fire, from which State hospitals are not free, and to which county alms-houses, mostly built of wood, and by long use dry to a point of extreme inflammability, are peculiarly exposed. At the hospital there were seventy-eight patients, all in imminent peril, and only rescued by the exercise of extraordinary energy, courage and trained skill on the part of the New York city firemen, five of whom were seriously injured in their heroic efforts to save the lives of the helpless inmates. There undoubtedly would have been a

lamentable loss of life if the flames had not broken out in the story directly under the mansard roof, and consequently did not spread so rapidly over the building as if they had kindled below; in the latter case smoke and fire would unquestionably have proved fatal to many of the sick, who, unaided, could not have moved from their beds. Such an incident serves to enforce the lesson which the slightest reflection would suggest, that in buildings devoted to the treatment of physically or mentally diseased persons the utmost vigilance and all practicable safeguards in the way of protection against the ever-present and ever-active danger of fire ought to be adopted.

Some of the causes of fires in asylums for the insane arise from the oiling of floors, the handling of matches by the insane, the use of oil lamps, and the proneness of certain of the insane to incendiarism. In respect to oiled floors, especially, one superintendent of a State hospital informed us that his asylum had been on fire several times from this source, and for this reason especial precautions have been recommended in the application of oil to floors.

As showing the ideas of the Commission in that respect, the following recommendations are given as taken from the Commissioners' visiting book at one of the State hospitals; they are general, and so far as applicable, have been applied, as all other recommendations have been, to all institutions throughout the State:

FIRE PROTECTION.

In each case of a building for the insane which is more than one story in height, a sufficient number of fire-escapes of suitable design (the Commission does not approve of the spiral form) should be provided, to be easily accessible by means of doors from each floor; and if there be not funds enough available to supply this important means of protection, application should be made to the Legislature for the money needed.

In addition to outside hydrants, there should be provided inside stand-pipes, with a connection or outlet on each floor, to which a sufficient length of fire hose to reach the extremity of the ward in all directions should be kept constantly attached; all fire hose should be

tested at least once in three months under the direction of the engineer, who should train the employés in its use. A portable extinguisher and not less than six hand grenades or patent fire pails, should be conveniently placed on each ward. At least six galvanized iron fire-pails, to be kept filled with water and used for no other purpose, should be located at proper points on each ward. The bath-tubs should be kept filled with water over night and pails be placed near them. Where gas is used the pressure should be regulated by a governor, so that the flow should be as nearly uniform at all times as possible. None but safety-matches should be allowed on the premises, and it would be preferable to dispense with these on the wards, using in their stead electric torches to light the gas when needed. Lanterns should be kept at some point outside the buildings occupied by patients in charge of one person, who should regularly clean, replenish and distribute them. Painters' supplies and inflammable liquids of all kinds should not be stored in buildings occupied or used by patients. Suitable steps should be provided under the windows intended to be used as exits to the fire escapes, and fire-escapes should be properly inclosed. It would be well to have the patients occasionally go down the fire-escapes so as to accustom them to their use. If oil is used at all upon the floors, it should be supplied only in minimum quantities and thoroughly "rubbed out." The oil, as far as practicable, should be applied by one person skilled in its application and only when directed by a medical officer in each instance (the observation of the Commission being that, as a rule, oil is used in dressing floors in asylums in much too great quantities), and all appliances used in the oiling and polishing of floors should be removed from the building as soon as used. Cloths or any other articles used in oiling or polishing floors when not in use should not be permitted to remain in any building occupied by patients or employés. Gas stoves, wherever used, should be fully protected. The medical officer should rigidly enforce this regulation. The use of swinging gas-brackets should be everywhere discontinued, and the gas-jets in all closets, clothes-rooms, attendants' rooms, etc., should be protected by wire screens. Kerosene oil should not be used for lighting purposes, and candles only in cases of emergency. These should be kept in the dispensary in the custody of the apothecary, and used only on a physician's order in each instance.

One of the important recommendations made by the Commission could not always be carried out without additional appropriations by the Legislature, namely, that of providing outside iron fire-escapes. Of course, the great object should be to prevent fires, or if they occur, to extinguish them quickly; but when this can not be done, the next important thing is to remove the insane rapidly, and the Commission believes from its observations and from what it has been able to learn upon the subject, that outside fire-escapes are decidedly preferable for this reason: Outside iron fire-escapes of the pattern generally described as being "inclosed stairways," proceeding directly from the outlet and not upon curved lines or those of a vertical character, are the best methods of exit, as, being located outside the building, they can not in case of fire be choked up with the gas and smoke, which often result in the destruction of life by trampling, even when an actual burning does not occur. All asylums over two stories in height it believes should be liberally provided with these outside iron stairways.

At the last session of the Legislature an act was passed (chapter 431 of the Laws of 1890) which provided that all school-houses in the State two stories or over in height should be provided with suitable outside fire-escapes. Assuming that fire-escapes are necessary for the exit of school children in case of fire, how much more necessary are such fire-escapes for the insane, who are frequently infirm and helpless as well.

These stairways, however, should be provided upon some general plan and should be applied throughout the State to the various institutions, and the Commission would recommend that some general design be adopted and that stairways be furnished in conformity thereto upon general plans and estimates.

PART XIX.

Employment of the Insane.

From its experience, and from knowledge derived from others, the Commission is impelled to the conclusion that too little attention is paid to proper employment of the insane, not merely with reference to its economical side, but with more direct reference to its curative effects. It believes it to be the one marked defect in the State hospital system. It is true that large numbers of the insane are employed. It is also true that a majority are not. This it believes results rather from the difficulty of finding proper and suitable light employment than from any inherent impossibility of accomplishing the object. The insane are in many respects like sane people. They desire recreation, amusement and employment. With amusements and recreation they are well provided in the State hospitals. Of employment the Commission believes the amount furnished is not sufficient, especially of light employment, such as would tend to relieve the monotony of their life, and aid in their restoration to reason. This is particularly true of the weak or more feeble class.

The Commission is aware that in the discussion of the subject of State care for the insane, it was frequently alleged that the counties were enabled to care for their insane more cheaply by reason of the labor which their insane performed. This allegation might be readily disposed of, by showing that so far as employment goes, the counties gave proportionately very much less than the State hospitals. The difficulty does not arise in the case of those insane who are apparently able-bodied and are disposed to labor. It arises in the case of those who are weak and feeble, or who from natural indisposition decline to work. None of the insane can be compelled to work. The law can not lay its strong hand on these people as upon the convicted felons, and compel them to labor. Many can only be induced to work by the most earnest and patient effort. But of the desirability of employment, so far as practicable, there can

be no question. It has now come to be universally recognized that diversion and employment play a most important part in the cure and treatment of the insane. Even when labor can not be made productive, it should be encouraged as far as possible. In some asylums and hospitals many light employments have been engaged in, such as sewing, knitting of stockings, weaving of rag-carpets, making of fancy articles, mats, baskets, rugs, etc., and many other things which might be enumerated. As showing what can be accomplished in this direction, the Commission refers to the number of insane employed in the Blackwell's Island Asylum for Women, on the 22d of October, 1890, at the time of its visit, and to the nature of their employment, as follows:

On this date there were 1,679 patients.

Laundry	185
Kitchen	63
Sewing and cutting room	43
Matron's school (fancy work)	19
In the yard or elsewhere	366
Knitting in the ward	66
Sewing in ward	292
Mat and brush factory	118
There were also at dancing school	31
Engaged in reading	136
Engaged in music	6
Engaged in hall games	75
	1,438

Thus 1,438 out of a total of 1,679 patients were either actively employed or being amused and entertained. The remaining number were indoors, bathing or ill in bed. Ordinarily employment is here regularly insisted upon, and it may be said that it is surprising to what an extent even those of feeble intellects can be occupied at something. While the labor, too, is not of the most productive kind, it still has its economic value and materially aids toward keeping down the per capita cost.

PART XX.

Pathology in State Hospitals.

In the judgment of the Commission, greater attention should be paid to study of the morbid anatomy and pathology of insanity than is now paid. There is abundance of available material, which can be utilized, and advantage should be taken of the opportunity furnished by unclaimed dead bodies in the hospitals of the State, to make careful post-mortem examinations, both gross and microscopical, and to record and tabulate the results of the same for the benefit of medical science.

The Commission does not deem it necessary that a specially equipped pathological laboratory should be maintained at each of the State hospitals, but that such an establishment should be maintained in one of them under the charge of a skillful pathologist of recognized ability and be fully supplied with every appliance which modern science may suggest as necessary for a proper prosecution of the work ; and that it should be available for all of the hospitals, so that the superintendents of these institutions might be privileged to submit thereto for examination morbid specimens of interest and to receive a written report of the findings.

The State many years ago established at the Utica State Hospital at considerable expense a pathological department with a special pathologist under the direction and control of the managers of that institution, but the Commission is informed by the superintendent and several of the managers that as at present organized it produces no results of scientific value in the line of original work. These officials are of the opinion that the department should either be abolished or else reorganized upon a proper scientific basis, and in this the Commission heartily concurs.

The Commission would recommend that a pathological department be maintained at one of the State hospitals; that it be equipped with every necessary scientific appliance, and that the State provide such liberal compensation

as will command the services of a pathologist of the highest scientific attainments, who should devote all of his time to the work, and publish the results of his labors at stated intervals for the benefit of the State, in order that the State may have all the light which scientific research can throw upon the causation, development and pathological conditions peculiar to insanity.

PART XXI.

STATE IDIOT ASYLUMS.

There are only two asylums for idiots owned and maintained exclusively by the State; one, the oldest, the State Idiot Asylum, at Syracuse; the second, the Custodial Asylum for Feeble-minded Women, at Newark.

The State Idiot Asylum on the 1st of October, 1890, had 477 in custody. Its total expenditures for the year were $111,227.39. Its total number of employés was 108.

The Custodial Asylum for Feeble-minded Women on the 1st of October, 1890, had 250 in custody. Its total expenditures for the year were $73,300.45. Its total number of employés was forty-seven.

The Commission has had no reason to suppose until recently that it did not possess the same powers and was not required to perform the same duties with relation to idiots and persons of unsound mind in the State asylums for this class, which it possessed and was required to perform in the case of the insane.

Within a few months after the organization of the Commission, the State Idiot Asylum, at Syracuse, was visited and fully inspected by its members, and there was not the slightest intimation given by the superintendent of a denial of the powers of the Commission not only to visit and inspect, but to make orders and recommendations as well, in relation to it. At this visit, however, the Commission made no recommendations, saying verbally to the superintendent that, until its members had more

fully covered the whole field of the State, they deemed it inadvisable to do so.

A visit to this institution was deferred in the spring of the present year, for the reason that the superintendent was absent upon a European trip, and it was found desirable that the visit of the Commissioners, especially as the Commission had in view certain recommendations and changes, should be while he was at home.

During the present fall, upon the return of the superintendent, the asylum was visited by two of the Commissioners, who proceeded to make an inspection and to take notes, for the purpose of making such recommendations as might seem to be necessary. It was early observed, during the course of this visit, that the superintendent was reluctant to exhibit rooms and various portions of the building, and seemed disposed to regard the visit as one merely permitted by his courtesy—such a visit as might be made by any party of gentlemen interested in the institution. Upon the superintendent being asked by one of the members present if certain inspections were made, the superintendent replied that, if the Commission desired to have any inspections made, they would have to make them. This reply, which indicated clearly the disposition of the superintendent to disregard the recommendations of the Commission, naturally caused some surprise, and, in the conversation following, it was learned for the first time that the superintendent denied the right of the Commission to make any recommendations, orders or suggestions whatever, and even intimated that he doubted the right of visitation, but stated that, as between the visitation of the two boards, the State Board of Charities and the State Commission in Lunacy, he preferred to be visited by the latter.

The Commission had not made perhaps as careful an examination of the statutes relating to its powers and duties relating to this institution as it should have done. In fact, it had assumed that it possessed the same power in relation to it that it possessed in regard to the State

institutions for the insane. It was well aware that it had been subject to visitation and inspection for years by the State Commissioner in Lunacy, whose jurisdiction, so far as the Commission was aware, had never been disputed. The institution was included in some of the acts referred to and incorporated in the organic act creating the Commission. In fact, there did not seem to be room for doubt that the Legislature intended that the idiot and the person of unsound mind should be under the same watchful protection and care of the State as the insane, especially as the idiot in some instances is far less capable of caring for himself, or of making his complaints understood than the insane, he being devoid to a great extent of native intelligence.

The Commission, however, in view of the foregoing, believing that while no serious abuses existed in this institution, it was yet capable, from the Commission's standpoint, of being improved in many respects, which would inure to better order, discipline and cleanliness of certain portions of the building and to the better care of certain of the inmates, especially those of the filthy class, said to the superintendent that it would make these recommendations, and that if he, acting as the agent of the board of trustees, declined to comply with them, then the matter might be referred to the courts for determination, for the Commission did not feel that it had the right to lay down its power, or to decline to make investigations, inspections, recommendations, and orders in relation to the institution, unless its power to do so was denied by a formal decree of the court.

In view of certain misapprehensions on the subject, it may be proper to state in the beginning that the Commission at no time contemplated the application to the State idiot asylums of one main feature of State care of the insane as it is understood and interpreted by the State Care Act of 1890, namely, transferring idiots from State asylums to them, or removing inmates of the State idiot asylums to other institutions, or in any way to interfere in

that regard with the operation of State idiot asylums. Indeed these institutions, as relates to the inmates they can receive and discharge, must be conducted in strict conformity to the statute. In fact, the Commission never intended to do more than to apply some of the general well-recognized features of the State asylums to those institutions for their greater improvement and for the benefit of their inmates.

During the preparation of these recommendations the Commissioners were informed by the Attorney-General that the superintendent, on behalf of the trustees, had asked his opinion as to the powers and duties of the Commission, and as to their right, etc., in relation to the asylum. The Commission informed the Attorney-General that it, too, if an opinion were to be written, would like to be informed whether, in the event that by reason of technical omissions in the statutes it possessed no remedial power, it would be obliged to continue its visits.

The Attorney-General has recently delivered an opinion, which substantially holds, first, that the Commission is required to visit and inspect the State Idiot Asylum at Syracuse, as well as the State Custodial Asylum for Feeble-minded Women, at Newark, in the same manner and to the same extent that it is required to visit State institutions for the insane; and, second, unlike the institutions for the insane, it possesses no power to make recommendations or orders in relation to either of these institutions. Substantially, then, the Commission must be an idle spectator of wrongs and abuses which might, to their eyes, be shown to exist, and not have the slightest power to correct the same. In other words, the sovereignty of the State discriminates against the most helpless class in the State, a class rendered defenseless through no fault of their own, by nature's withholding from them the power to think and act intelligently for the protection of themselves.

It can scarcely be pretended that the Legislature ever meant to discriminate against this unfortunate class. The State Commission in Lunacy being denied, in the opinion

of the Attorney-General, the power to redress injuries and wrongs, and there being no other specially created body in the State possessing a greater power, it follows that the management of these institutions is absolutely left in the discretion of the local board of each, for it will scarcely be pretended that the *ex-officio* trustees of the State Idiot Asylum — certain State officers who are made a part of the management under a statute enacted forty years ago, and at a time when it was customary to give State officers duties outside their office, and which even then it may be doubted if they had time to perform — are able by reason of their numerous and onerous duties to give any attention to the management of these institutions.

It need hardly be supposed that the State Commission in Lunacy has any special desire to take upon itself powers and duties which personally each member of the Commission might well wish to be rid of. It is not at any time a pleasing spectacle to inspect hundreds of idiots, on whose clouded countenances the rays of only the feeblest intelligence are seen. In such saddening sights there is nothing edifying or instructive.

But feeling that a conscientious discharge of its duties extended to and embraced this class, nearly 800 in number in the two institutions, it would have been remiss in the performance of its duty if it had not made the attempt to apply to them the same general standard of requirements as to care and treatment which it applied to the insane.

If a general State supervision of the insane is regarded as desirable for their better care and protection, then it would logically seem to follow that the same or even greater safeguards should be thrown about the idiot or person of unsound mind.

The Commission is aware that the Idiot Asylum at Syracuse especially is claimed to be to some extent a school. In fact the statutes substantially do provide for the teachable idiot, and preference, it is understood, is given to the teachable idiot in admissions. But it will hardly be pretended at this time that it is much more than a mere cus-

todial asylum. It is true that certain of the inmates are teachable to a limited extent, but the superintendent of the institution stated to the Commissioners that about the limit of instruction was reached when an idiot was personally able to care to some extent for himself—in short, to look after his personal wants and desires. The other great class are not only absolutely unteachable, but the condition of many is such that they require the same kind of care and watchfulness that is given to infant children.

Of the feeble-minded women in the State Custodial Asylum at Newark little pretense is made that it is a school; indeed, the establishment of this institution was not based upon that idea to any extent whatever. It was founded upon the idea that for the better protection of the State against the increase of pauperism and crime, idiot women of child-bearing age should be withdrawn from families and placed under scrupulous care and control.

It may be said that the Commission, having the power and being obliged to visit and inspect, if evils are found to exist, may, acting as citizens, obtain a remedy through the public press and from the courts. To this reply may be properly made that where evils are found to exist, they are usually of such a character as to require prompt intervention, and that, if a remedy were only to be found at the end of a tedious and exasperating lawsuit, little toward the proper protection of this class could be accomplished.

Exactly why the superintendent should decline to apply the reasonable recommendations, such as better security against fire, more improved methods as to cleanliness and care of persons, etc., it is difficult to understand. Certainly the Commission believes that it has not thus far made anywhere in the State unreasonable or impracticable recommendations, and it certainly had no intention of doing so in the case of this institution. It can hardly be supposed that mere churlishness in the recognition of the right of State officers to exercise control could have actuated him in his denial of the right of the Commission to exercise its powers.

The Attorney-General has verbally advised the Commission that it would be better to defer making recommendations at this time rather than attempt to enforce the management through the operation of the courts, a proceeding which he shows in his opinion would, by reason of either neglect or carelessness on the part of the framers of the statute, be unsuccessful. He says the proper way is to avoid litigation which might prove profitless and result only in delay, but that it is a matter to which the attention of the Legislature should be called, leaving its disposition to the discretion of that body.

The Commission would respectfully ask your honorable body to either clothe it with the same powers and duties as it now possesses in relation to the insane, or to relieve it from the necessity of a visitation and inspection of these institutions, which can have no tangible or permanent result.

PART XXII.

STATE BOARD OF CHARITIES.

Last year the Commission referred in its first report to the jurisdiction exercised by the State Board of Charities concurrently with the State Commission in Lunacy, and recommended that the powers of the two bodies be clearly defined, and that each possess jurisdiction not shared by the other.

As a result of that report the president of the State Board of Charities requested the Commission to take no action in regard to the matter in the Legislature of that year, saying that he believed that there were matters of greater importance which required that there should be no apparent conflict of interest. To this request the Commission acceded, informing the president, however, that it was a matter of too much importance to be dropped, and that at the coming session of the Legislature it would again refer to the matter.

Previous to the preparation of this report the president of the State Board of Charities and the president of the State Commission in Lunacy met in conference, each acting as a representative of his own board. The president of the board stated in its behalf that it was willing to yield whatever of jurisdiction it possessed in the matter of recommendations of appropriations, but insisted that it should continue to possess the rights of visitation, conducting investigations, subpœnaing witnesses, and of making recommendations to the Legislature upon matters generally relating to the asylum system of the State; of collecting statistics from the various institutions and of making a report thereon to the Legislature. On the other hand, the president of the Commission, while believing it an inadvisable concession, was informed by his co-Commissioners that they thought it might be politic (and to this he assented) to yield to the State Board of Charities the right of visitation. This proposition the president of the State board rejected, and it therefore becomes proper that the State Commission in Lunacy should again express its views upon the subject.

As has been stated, the State Board of Charities was created in 1867. Shortly thereafter the office of State Commissioner in Lunacy was created, who was to act under the direction of said board. This continued but a year or two, when a separate office was created and the State Commissioner in Lunacy was given greatly increased powers over those possessed by the State board, and was required to report to the Legislature, and in fact was entirely dissociated from his former chiefs. The authors of the statutes, however, which thus created a separate body neglected to transfer the powers possessed by the State Board of Charities to the new officer. This condition of affairs has existed to the present day. In 1889, upon the creation of the State Commission in Lunacy, all the powers of the State Commissioner in Lunacy, expressed or implied, were transferred to it, but no modification was had in relation to the State Board of Charities. The position of

the Commission, which it believes to be entirely tenable, and that any other position would be not only unwise but detrimental to the interests of the State, is simply this:

First. It is believed that there is ample field in the charities of the State for the two bodies; that the work of visitation and inspection alone of the general hospital system of the State, of the poor-houses, of the various children's institutions, of the reformatories for juvenile delinquents and others, are sufficient to engross the entire time and attention of the State Board of Charities; and that there is work enough to occupy the State Commission in Lunacy in looking after the interests of the insane, for which purpose alone it was created.

Second. That the possession of mere visitorial powers by the State Board of Charities over the asylums and hospitals for the insane of the State can be of no value; consequently that it might as well not be possessed, its only result being to cause friction and annoyance and criticism upon the acts of a commission that has authority, or, at least, that this result is likely to follow, and that, even if it possessed the power of enforcing its recommendations or suggestions, they would very likely be in conflict with those of the Commission; that the power of two bodies to report to the Legislature upon the same subject would result inevitably in two lines of policy, whereby the Legislature and the public must be led into error and confusion; that the State can not consistently uphold two policies on one subject; one of the two must needs be better than the other. On the other hand, if the policies advocated were precisely alike, then it would be clear that there is no need for more than one policy, formulated and sustained by one body.

Third. That the requiring of various institutions to furnish statistics to two bodies imposes a double task, which can lead to no profitable result; that unless the statistics printed by the two bodies rest on precisely the same basis and conform in all particulars, the conclusions to be derived from them must vary, and in that event

the State and the public must inevitably be misled, while at the same time it would be difficult or impossible to decide upon the right policy to pursue. On the other hand, if the statistics furnished by the two boards are duplicates, then it is clearly apparent that the labor and expense of furnishing one set might well be dispensed with.

Fourth. That the right to conduct examinations and subpœna witnesses would be perhaps more mischievous than the exercise of any other powers concurrently, for in this the spectacle would be presented, possibly, of two boards holding an investigation upon the same subject, and of presenting diverse reports upon the same evidence, thus again causing confusion and doubt in the minds of the people.

The Commission has no desire to encroach upon the powers and duties of the State Board of Charities, nor to do more than the work laid out and assigned to it by the Legislature. On the other hand, it equally desires to say that it does not wish to be hampered or that the progress of its work should be impeded by another body acting upon different lines and pursuing a policy of its own opposed to that of the Commission. As a principle of government it believes it unwise and foolish to the last degree. In no other department of the government of the State is a similar condition of affairs found to exist, and it would seem that the hospital interest of the State, representing millions of dollars and affecting the welfare of 16,000 people, should not be subjected to the action of different bodies. The argument advanced by the State Board for the retention of its visitorial powers and powers to collect statistics and to report to the Legislature is, that while the Commission in Lunacy as at present organized is accomplishing all that can be desired, it may be succeeded by a commission which is deficient, which would be incapable of executing the trusts reposed in it, or, at least, would be incompetent, and that it would therefore be wise to preserve the power in some other body to correct whatever misdoing or supply whatever shortcomings may hereafter be found to prevail in the State Commission in Lunacy.

The Commission ought to state that its relations with the State Board of Charities have been friendly; that the discussion relating to the division of the powers of the two boards has been conducted in an entirely amicable spirit; and that the difficulties referred to result in no wise from personal ill-feeling or friction in the performance of their duties. The Commission would be remiss in its duty if it failed to say that complaint has been made to the Commission of the burden imposed by the requests under the statute of the two boards to furnish information which is similar in effect, although so arranged and so stated as to oftentimes convey opposite impressions.

PART XXIII.

REPORTS OF INSTITUTIONS.

The Commission refers for detailed information of the various State hospitals of the State to the reports forwarded to the Legislature in pursuance of the statute. These reports are now made in great detail and at large expense in the case of each institution, and the Commission believes it to be unwise to republish them in this report. It is unfortunate that the Legislature and the public must look for detailed information to the report of each institution, instead of being able to refer to the report of one central authority.

The Commission has recommended in another part of this report that the reports of the different institutions be presented to the Commission, and that such deductions and figures therefrom as are of general interest to the public be incorporated in its report; but to do this under present conditions would practically be to duplicate them all, by reason of differences in methods now employed by each in the tabulation of statistics, etc.

The Commission is diligently striving to secure a uniformity of methods in these matters, but, so far as each

institution is enabled to report directly to the Legislature, this will be somewhat difficult of attainment.

The Commission, however, herewith appends tables showing the general condition of the hospitals. (See statistical tables, page 168.)

PART XXIV.

Former Recommendations.

The Commission in its first report made the following recommendations:

First. That the system of accounts and statistics of the State asylums should be unified.

This work has been substantially accomplished. (See pages 13 and 121.)

Second. That the statutes, so far as they relate to the State asylums and the property rights of the insane, should be revised.

The Commission is informed that the Commissioners of Statutory Revision are now revising the statutes of the State relating to the insane, and it is expected that this recommendation will be fully carried out.

Third. That official responsibility should be more clearly determined.

This is a matter coming within the province of the Commissioners of Statutory Revision.

Fourth. That the statute relating to private patients in State asylums should be enforced.

The enforcement of this statute the Commission has taken upon itself. (See page 80.)

Fifth. That the discharge of patients from custody be vested solely in the medical officers.

This is a matter which has been referred to the Commissioners of Statutory Revision.

Sixth. That all laws having for their object the division of the insane into the so-called "acute" and "chronic"

classes be repealed, and that all the insane be treated solely with reference to their curability.

This recommendation was fully accomplished by the enactment of the State Care Act, chapter 126 of the Laws of 1890.

Seventh. That the law be amended so as to permit the transfer of patients from one asylum to another.

This, under its general powers, the Commission provided for by the issuance of an order. (See page 104.)

Eighth. That the fee or mileage system, as applied to the transfer or removal of the insane, should be abolished.

This is contemplated by the State Care Act, and when the act takes full effect and the State assumes the care of all of the insane, this recommendation will be accomplished.

Ninth. That greater safeguards be provided by statute for the service of legal papers upon the insane.

The Commission, pending an amendment of the statute, issued an order regulating the service of legal papers. (See page 138.)

Tenth. That the statute relating to the discharge of public patients upon bonds be amended.

This is a subject for consideration by the Commissioners of Statutory Revision.

Eleventh. Regarding production of the records and permitting the medical officer in charge of an asylum to testify upon the return of a writ of *habeas corpus* sued out to discharge a patient.

This is a subject for the consideration of the Commissioners of Statutory Revision.

Twelfth. That insane State paupers be provided with a different method of treatment from that given to sane State paupers.

Insane State paupers can now legally be admitted only to the State hospitals or to the hospitals of the counties of New York, Kings and Monroe; and all those now in county poor-houses or so-called county asylums will be removed as quickly as possible.

Thirteenth. That the State assume the care of all the insane poor of all of the counties of the State, except New York and Kings.

This was provided for in the State Care Act of last year, with the exception of Monroe county, which under the terms of that act was permitted to come in under the general provisions of the statute, upon certain conditions.

Fourteenth. That an asylum be provided for the helpless and unteachable idiots.

Upon this recommendation no action whatever has been taken by the Legislature.

PART XXV.

Recommendations.

1. That the sum of $454,850 be appropriated for the erection and equipment of additional buildings on the grounds of the State hospitals to provide accommodations for the insane poor of the respective hospital districts pursuant to and in the manner prescribed by section 4 of chapter 126 of the Laws of 1890.

2. That the buildings and premises at Auburn known as the State Asylum for Insane Criminals, together with their furniture, fixtures and stock, as soon as they shall have ceased to be used for their present purposes, be used as a hospital for the insane, to be known as the Auburn State Hospital.

3. That an asylum for idiots of the helpless and unteachable class be established.

4. That the Commission be given the same degree of supervision of the State Idiot asylum and the State Custodial asylum for Feeble-minded Women, at Newark, as it now possesses in regard to the institutions for the insane; or otherwise the Commission be relieved of the duty now imposed on it by law of visiting and inspecting these two institutions.

5. That the plant of the Monroe County Asylum be purchased by the State for the purpose of establishing there a State hospital, to be known as the Rochester State Hospital.

6. That a sufficient appropriation be made to provide all the State hospital buildings occupied by insane patients with a sufficient number of outside iron fire-escapes of the "inclosed stairway" pattern.

7. That a fully equipped pathological laboratory, to be conducted by a competent special pathologist under the general direction and control of the medical superintendent thereof, be established at one of the State hospitals, to be maintained for the benefit of all of the State hospitals.

8. That all the moneys received by the State hospitals from whatever source be paid into the State treasury within thirty days, and that a general appropriation for support and ordinary repairs of said hospitals be annually made by the Legislature, payable on itemized and approved monthly estimates, and that all staple articles of supply be purchased on contracts to be approved by the Comptroller.

9. That the salaries of the resident officers and employés and of the treasurers of the State hospitals be fixed at a uniform rate for each grade; that the assistant physicians be graded as first, second and third, and that all below the third grade be designated assistant physicians.

10. That all grades of assistant physicians be transferable from one institution to another.

11. That the membership of the respective boards of managers or trustees of State hospitals, be reduced to five for each hospital, and each manager to reside in the immediate locality thereof; each member to hold office for a definite term, and to vacate at the end of the term, and to hold no other executive or legislative State office during his term as manager or trustee.

12. That boards of managers or trustees of State hospitals report to the State Commission in Lunacy, instead of to the Legislature, said reports to be incorporated into the report of the State Commission in Lunacy.

13. That all such powers and functions relating to the insane, and to institutions for their care and treatment, as still belong to the State Board of Charities, be transferred to and conferred upon the State Commission in Lunacy.

14. That statutory provision be made for the parole of patients, to be exercised in the discretion of medical superintendents, the limit of such parole not to exceed a period of thirty days.

15. That more rigid regulation of law be provided for preventing the escape of patients from custody, and fixing responsibility, and enjoining vigilance and vigorous exertion on the part of hospital officers for the capture and return of dangerous lunatics who may escape.

16. That the power of discharge of patients from legal custody be vested solely in the medical superintendent.

17. That more efficient safeguards in the matter of service of legal papers on the insane in custody be enacted.

18. That power to approve medical certificates of lunacy be extended to justices of the Supreme Court, judges of county courts, and superior city courts in any part of the State.

19. That in all cases medical certificates of lunacy be approved by a judge before the patient is admitted to a hospital or asylum.

20. That statutory provision be made for the admission of voluntary or uncommitted patients under restrictions and regulations to be prescribed by the State Commission in Lunacy.

PART XXVI.

Asylum Directory.

Utica State Hospital, Utica, Oneida county, N. Y.; one mile from New York Central station; accessible by street car or by private conveyance; number of insane October 1, 1890, men, 369; women, 381; total, 750.

Hudson River State Hospital, Poughkeepsie, Dutchess county, N. Y.; one mile from New York Central station;

accessible by private conveyance; number of insane October 1, 1890, men, 370; women, 291; total, 661.

Middletown State Homœopathic Hospital, Middletown, Orange county, N. Y.; institution one mile from New York, Lake Erie and Western depot; accessible by private conveyance; population October 1, 1890, men, 322; women, 284; total 606.

Buffalo State Hospital, Buffalo, Erie county, N. Y.; two miles from New York Central station, and accessible by street car or private conveyance; number of insane October 1, 1890, men, 236; women, 229; total, 465.

Willard State Hospital, Willard, Seneca county, N. Y.; accessible by Lehigh Valley branch road from Lyons, N. Y., direct to institution; also accessible by Seneca lake boats from Geneva, N. Y.; number of insane, October 1, 1890, men, 983; women, 1,065; total, 2,048.

Binghamton State Hospital, Binghamton, Broome county, N. Y.; one mile from Erie railroad station, accessible by street cars or private conveyance; number of insane October 1, 1890, men, 527; women, 576; total, 1,103.

State Asylum for Insane Criminals, Auburn, Cayuga county, N. Y.; one-quarter of a mile from New York Central station; number of insane October 1, 1890, men, 218; women, eighteen; total, 236.

New York City Asylum, Ward's Island, N. Y.; accessible by boat from East Twenty-sixth street.

Blackwell's Island Asylum, Blackwell's Island, N. Y.; accessible by boat from East Twenty-sixth street, New York city.

Branch Lunatic Asylum, Hart's Island, N. Y.; accessible by boat from foot of East Twenty-sixth street.

Branch Lunatic Asylum, Central Islip, Suffolk county, N. Y.; forty-four miles from New York city; accessible by trains on the Long Island railroad.

Total population of New York city asylums, October 1, 1890, men, 2,265; women, 2,782; total, 5,047.

Kings County Lunatic Asylum, Flatbush, Kings county, L. I.; three miles from Brooklyn, N. Y.; accessible by street car or private conveyance.

Kings County Farm, St. Johnland, Suffolk county, L. I. N. Y.; forty-five miles from New York city; accessible by trains on the Long Island railroad.

Total population of Kings county asylums, October 1, 1890, men, 782; women, 1,103; total, 1,885.

Monroe County Lunatic Asylum, Rochester, Monroe county, N. Y.; two miles from New York Central station; accessible by private conveyance; total population, October 1, 1890, men, 164; women, 177; total, 341.

Private Asylums and Retreats.

Bloomingdale Asylum, New York city; situated on Boulevard and One Hundred and Seventeenth street; accessible by elevated railway or private conveyance from New York city. This institution receives and treats gratuitously a small number of the indigent insane of New York city. The minimum rate charged for the care and treatment of private patients is five dollars per week; total population October 1, 1890, men, 142; women, 159; total, 301.

Providence Retreat, Buffalo, Erie county, N. Y., under the charge of the Sisters of Charity; located on Main street, corner of Steele; distance from union depot, four miles; accessible by street car or private conveyance; minimum rate charged for care and treatment of private patients, six dollars per week; total population October 1, 1890, men, twenty-one; women, ninety; total 111.

Marshall Infirmary, Troy, Rensselaer county, N. Y.; one mile from union depot, Troy, N. Y.; accessible by street car or private conveyance; minimum rate charged for care and treatment of private patients, five dollars per week; total population October 1, 1890, men, forty-five; women, fifty-three; total ninety-eight.

Long Island Home, Amityville, Suffolk county, L. I.; thirty-two miles from New York; accessible by Southern Railroad of Long Island, ferry from East Thirty-fourth street, New York; institution located a short distance from Long Island Railroad depot; minimum rate charged for private patients, eight dollars per week; total population

October 1, 1890, men, forty-one; women, thirty-four; total, seventy-five.

Brigham Hall, Canandaigua, Ontario county, N. Y.; situated one mile from New York Central station; accessible by private conveyance; minimum rate charged for private patients, ten dollars per week; total population October 1, 1890, men, thirty-one; women, thirty-four; total, sixty-five.

St. Vincent's Retreat, Harrison, Westchester county, N. Y.; under the charge and management of the Sisters of Charity; admits only female patients; situated on New York and New Haven railroad; trains leaving for Harrison from New York every hour from 9 A. M. until 7 P. M.; time from New York fifty minutes; minimum rate charged per week for private patients, eight dollars; total population October 1, 1890, fifty-four female patients.

Brunswick Home,* Amityville, Queens county, L. I.; accessible by Long Island railroad from New York city; population, October 1, 1890, men, fifteen; women, seventeen; total, thirty-two.

Sanford Hall, Flushing, Queens county, L. I.; institution situated about one-half mile from Long Island railroad station and accessible by private conveyance; minimum rate charged for private patients, twenty-five dollars per week; population October 1, 1890, men, eleven; women, fifteen; total, twenty-six.

Keith Home, 883 St. Mark's avenue, Brooklyn, N. Y.; minimum rate charged for private patients, ten dollars per week; number of insane October 1, 1890, thirteen — all women.

Louden Hall,† Amityville, Queens county, N. Y.; population October 1, 1890, men, seven; women, one; total, eight.

Dr. Combes' Sanitarium, Wood Haven, Queens county, N. Y.; institution located two miles from Long Island railroad depot; accessible by rapid transit trains from Flatbush or Brooklyn; also by Brooklyn elevated trains to East New York, thence by Jamaica and Brooklyn electric

* Has surrendered license and is transferring patients to other institutions.
† License revoked by Commission and patients ordered removed.

railroad to Wood Haven; minimum rate for private patients, ten dollars per week; population October 1, 1890, men, six; women, three; total, nine.

Dr. Choate's House, Pleasantville, N. Y.; location of institution, one mile from station on Harlem railroad and two miles from station of New York city and Northern railroad; New York Central trains stop at Tarrytown, six miles distant; Pleasantville is thirty miles north of New York city; minimum rate charged for private patients, seventy-five dollars per week, including all extras; number of insane October 1, 1890, men, two; women, seven; total, nine.

Dr. Kittredge's Home,* Fishkill, N. Y.; population, October 1, 1890, men, two; women, one; total, three.

Dr. Parsons' Home, Sing Sing, N. Y.; location of institution one mile from New York Central station; accessible by private conveyance; minimum rate charged for private patients, seventy-five dollars per week, which includes all extras; number of insane, October 1, 1890, men, two; women, one; total, three.

Glenmary Home (Homœopathic), Owego, Tioga county, N. Y.; accessible by New York, Lake Erie and Western railroad; location of institution two miles from station; also reached by Delaware, Lackawanna and Western and Lehigh Valley railroads; minimum rate charged for private patients, seven dollars per week; total number under treatment October 1, 1890, men, four; women, one; total, five.

Dr. Stiles' Home (Homœopathic), Hill View, Lake George, N. Y.; location of institution, five miles from Caldwell station on Delaware and Hudson railroad; accessible in summer by private conveyance from Caldwell, and by boats on Lake George; in winter by private conveyance from Caldwell; minimum rate charged for care and treatment of private patients, twenty-five dollars per week; total population October 1, 1890, two female patients.

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*Dr. Kittredge has surrendered his license and transferred his patients to the care of their friends.

Dr. Lansing's House, New York city. This is a private institution, caring but for one patient, with no accommodations for an additional number.

Falkirk, located at Central Valley, Orange county, N. Y.; one mile from Central Valley station on New York, Lake Erie and Western railroad, forty-seven miles from New York city; minimum rate for private patients, twenty dollars per week; the institution was opened during the year and had but one patient, October 1, 1890.

Vernon House, Bronxville, Westchester county, N. Y.; fifteen miles from New York city; accessible by New Haven railroad to Mt. Vernon, or by Harlem railroad to Bronxville; minimum rate charged for private patients, thirty-five dollars per week; the institution was opened during the year and had one patient October 1, 1890.

Breezehurst Terrace, Whitestone, L. I.; accessible by boat and Long Island railroad, from Thirty-fourth street, New York city; thirty-two minutes from New York city; institution five minutes' walk from depot. The institution was opened during the year and reported no patients in custody October 1, 1890; minimum rate fixed for care and treatment of private patients is twelve dollars per week.

PART XXVII.

STATISTICAL TABLES.

I. State hospitals.
II. Asylums of New York, Kings and Monroe counties.
III. Private asylums and retreats.
IV. Asylums for idiotic and feeble-minded.

The accompanying tables cover the general operations and statistics of the State hospitals, of the large county asylums of New York, Kings and Monroe, the various licensed private asylums and retreats in the State, and the two institutions for the idiotic and feeble-minded, located at Syracuse and Newark, respectively.

As will be observed, the statistics begin with the fiscal year ending September 30, 1889, this being in conformity with a regulation of the Commission, that a uniform system of statistical returns dating from its creation, as a supervisory board, should be inaugurated.

Table No. 1 is an exhibit of the total valuation of each of the State hospitals for the insane, on the first day of October, 1890; the amount and classification of the receipts and expenditures of these institutions during the year; the capacity of each State hospital; the weekly per capita cost of support of patients; the weekly charge to counties, etc.

Table No. 2 exhibits a census of all classes of the insane in the State, and from it the following classification of the insane in legal custody on the first day of October, 1890, may be made:

State hospitals, receiving all classes of insane	5,633
State Asylum for Insane Criminals	236
New York city asylums	5,047
Kings county asylums	1,885
Monroe County Asylum	341
County poor-houses	2,042
Private and quasi-public asylums	818
Total	16,002

This shows a net increase during the year ending September 30, 1890, of 529 patients.*

Table No. 3 shows the assigned cause of insanity.

Table No. 4 shows the number and percentage of recoveries and deaths.

Table No. 5 shows the forms of insanity reported in the admissions, recoveries and deaths.

*During the past year, the superintendents of some of the private institutions have informed the Commission, that through inadvertence, they had reported among the number in custody October 1st, 1889, several patients who had not been committed to their care as insane, and requested that in preparing the returns of the present year, and comparing them with those of last year, this fact should be taken into consideration. The Commission has also been requested by superintendents of a few of the county houses to make similar modification of their returns for 1889. With these alterations made, the exact number in legal custody on October 1st, 1889, would appear to have been 15,473.

Table No. 6 shows the causes of death of patients who died.

Table No. 7 shows the first and subsequent admission of patients.

Tables Nos. 8, 9 and 10 show hereditary transmission, civil condition and degree of education of patients admitted.

Table No. 11 shows the duration of insanity previous to admission, and the period under treatment of those discharged recovered.

Table No. 12 shows the duration of insanity previous to admission, and the period under treatment of those discharged not recovered.

Table No. 13 shows duration of insanity previous to admission, and the period under treatment of those who died.

Tables Nos. 14, 15 and 16 show ages of those admitted, of those discharged recovered, and of those who died.

Table No. 17 shows duration of insanity previous to admission in cases admitted during the year ending Sept. 30, 1890.

Table No. 18 shows period of residence in hospital of those remaining under treatment September 30, 1890.

Table No. 19 shows occupations of patients.

Table No. 20 shows the nativity of patients admitted, and embraces a statement as to the nativity of the parents of patients.

Table No. 21 shows the residence by counties of those admitted during the year ending September 30, 1890.

Table No. 22 shows the residence by counties and classification of patients remaining under treatment September 30, 1890.

Table No. 23 shows number of idiots and epileptics remaining in county poor-houses September 30, 1890.

I.

STATISTICS OF STATE HOSPITALS

FOR THE

YEAR ENDING SEPTEMBER 30, 1890, AND SINCE OCTOBER 1, 1888.



STATISTICAL TABLES.

TABLE No. 1.

General statement of the State Hospitals, October 1, 1890.

	Utica State Hospital.	Hudson River State Hospital.	Middletown State Hom'pathic Hospital.	Buffalo State Hospital.	Willard State Hospital.	Binghamton State Hospital.	State Asylum for Insane Criminals.
Date of opening	1843	1871	1874	1880	1869	1881	1859
Total acreage of grounds and buildings	225	633 15	281	203	907	1,057	8
Value of real estate, including buildings	$750,000 00	$1,925,625 13	$876,106 18	$1,344,163 19	$1,352,700 00	$574,000 00	$200,000 00
Value of personal property	65,000 00	96,927 91	71,500 00	49,753 85	174,155 06	75,509 50	38,250 00
Acres of farm land under cultivation	125	600	281	150	700	757	5
Capacity of institution	700	800	550	370	1,938	1,000	168
Daily average number under treatment	690.95	574	579	412	2,052	1,096	225
Balance remaining on hand October 1, 1890	$14,083 12	$56,165 94	$29,139 67	$7,040 98	$30,160 66	$1,103 00	$2,797 44
Receipts during year from State (for officers' salaries, extraordinary improvements, etc.)	42,507 48	85,710 59	115,229 36	139,466 56	46,025 00	87,073 50	30,237 50
Received from counties	130,947 86	99,468 64	65,175 82	74,485 13	274,046 76	161,219 82	18,271 43
Received from private patients	40,565 55	34,808 86	98,947 32	15,167 44	.....	52 00	.....
Received from all other sources	4,550 75	2,404 98	1,742 58	990 87	6,898 56	2,426 56	190 34
Total receipts during year	$218,571 63	$270,559 01	$310,234 75	$237,514 98	$326,970 32	$250,771 88	$51,496 71
Total expenditures during year	$194,893 53	$269,076 60	$269,489 11	$234,635 99	$315,738 44	$249,298 98	$49,204 59
Balance remaining on hand October 1, 1890	$37,761 22	$7,482 41	$40,745 64	$2,878 99	$41,392 54	$31,710 68	$2,292 12
Weekly per capita cost on current expenditure, inclusive of clothing*	$4 83	$5 58	$6 03	$4 72	$2 72	$3 11	$4 20
Weekly per capita charge to counties	3 75	4 20	3 75	3 90	2 44	2 57	3 75
Maximum and minimum rate of wages paid attendants:							
Males	$20-$50	$18-$35	$18-$37	$22-$42	$16-$35	$14-$26	$18-$33
Females	12- 35	12- 30	14- 35	13- 20	10- 22	10- 20	$15- 25
Proportion of day attendants to average daily population	1 to 7	1 to 8	1 to 7	1 to 9	1 to 9	1 to 9	1 to 11

TABLE No. 1 — (*Concluded*).

	Utica State Hosiptal.	Hudson River State Hospital.	Middletown State Hom'pathic Hospital.	Buffalo State Hospital.	Willard State Hospital.	Binghamton State Hospital.	State Asylum for Insane Criminals.
Proportion of night attendants to average daily population	1 to 70	1 to 44	1 to 48	1 to 58	1 to 82	1 to 68	1 to 56
Percentage of daily population engaged in some kind of useful occupation	48.95	36	31.13	72	35.5	40.00	53.00
Estimated value of farm and garden products during year	$5,203 87	$20,858 70	$11,890 00	$7,218 78	$39,125 96	$26,289 65	$1,283 24
Estimated value of furniture and wearing apparel made by patients during the year	478 37	1,983 03	1,458 00	1,578 25	20,921 27	9,889 48	1,655 95

* The item of officers' salaries is included in the per capita cost, above given. Excluding this item, the weekly per capita cost is reported as follows: Utica State Hospital, $4.42; Hudson River State Hospital, $5.13; Middletown State Homœopathic Hospital, $5.60; Buffalo State Hospital, $4.11; Willard State Hospital, $2.58; Binghamton State Hospital, $2.79; Auburn Asylum, $3.68. In the last-named institution the large per capita cost should be considered in connection with the small number and general character of the patients under treatment.

TABLE No. 2.

Showing the number of insane remaining in institutions in the State October 1, 1889, the number admitted and the total number under treatment during the year, and the number remaining October 1, 1890, with the increase or decrease.

STATE HOSPITALS FOR INSANE.

INSTITUTIONS.	REMAINING OCTOBER 1, 1889.			ADMITTED DURING YEAR ENDING SEPTEMBER 30, 1890.			TOTAL IN CARE DURING YEAR ENDING SEPTEMBER 30, 1890.			REMAINING OCTOBER 1, 1890.			INCREASE OR DECREASE.	
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Increase.	Decrease.
Utica State Hospital	326	327	653	270	237	507	596	564	1,160	369	381	750	97	.....
Hudson River State Hospital	267	226	493	248	159	407	515	385	900	370	291	661	168	.....
Middletown State Homœopathic Hosp.	274	240	514	149	139	288	423	379	802	322	284	606	92	.....
Buffalo State Hospital	203	200	403	202	144	346	405	344	749	236	229	465	62	.....
Willard State Hospital	966	1,064	2,030	119	106	225	1,085	1,170	2,255	983	1,065	2,048	18	.....
Binghamton State Hospital	524	584	1,108	55	49	104	579	633	1,212	527	576	1,103	.....	5
State Asylum for Insane Criminals	203	16	219	61	4	65	264	20	284	218	18	236	17	.....
Totals	2,763	2,657	5,420	1,104	838	1,942	3,867	3,459	7,362	3,025	2,844	5,869	454	5
COUNTY ASYLUMS.														
New York	2,211	2,645	4,856	732	721	1,453	2,943	3,366	6,309	2,265	2,782	5,047	191	.....
Kings	734	1,054	1,788	298	271	569	1,032	1,325	2,357	782	1,103	1,885	97	.....
Monroe	151	175	326	43	40	83	194	215	409	164	177	341	15	.....
Totals	3,096	3,874	6,970	1,073	1,032	2,105	4,169	4,906	9,075	3,211	4,062	7,273	303	.....
PRIVATE ASYLUMS.														
Bloomingdale	143	170	313	78	77	155	221	247	468	142	159	301	.....	12
Providence Retreat	24	95	119	23	46	69	47	141	188	21	90	111	.....	8
Marshall Infirmary	49	60	109	36	21	57	85	81	166	45	53	98	.....	11
Long Island Home	42	45	87	26	16	42	68	61	129	41	34	75	.....	12
Brigham Hall	33	33	66	16	11	27	49	44	93	31	34	65	.....	1
St. Vincent's Retreat	.....	58	58	.....	24	24	.....	82	82	.....	54	54	.....	4
Brunswick Home	11	17	28	26	34	60	37	51	88	15	17	32	4	.....

TABLE No. 2 — PRIVATE ASYLUMS — (*Continued*).

INSTITUTIONS.	REMAINING OCTOBER 1, 1889.			ADMITTED DURING YEAR ENDING SEPTEMBER 30, 1890.			TOTAL IN CARE DURING YEAR ENDING SEPTEMBER 30, 1890.			REMAINING OCTOBER 1, 1890.			INCREASE OR DECREASE.	
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Increase.	Decrease.
Sanford Hall	11	15	26	6	5	11	17	20	37	11	15	26	.....	.....
Keith Home	.....	11	11	.....	20	20	.....	31	31	.....	13	13	2	.....
Louden Hall	1	8	9	27	19	46	28	27	55	7	1	8	.....	1
Dr. Combes' Sanitarium	6	.....	6	11	6	17	17	6	23	6	3	9	3	.....
Dr. Choate's House	2	5	7	.....	4	4	2	9	11	2	7	9	2	.....
Dr. Kittredge's Home	1	1	2	1	.....	1	2	1	3	2	1	3	1	.....
Dr. Parsons' Home	.....	2	2	2	2	4	2	4	6	2	1	3	1	.....
Glenmary Home	1	1	2	4	2	6	5	3	8	4	1	5	3	.....
Dr. Stiles' Home	2	1	3	2	4	6	4	5	9	.....	2	2	.....	1
Dr. Lansing's House	.....	1	1	.....	.....	.....	.....	1	1	.....	1	1	.....	.....
Falkirk	.....	.....	.....	1	2	3	1	2	3	.....	2	2	2	.....
Vernon House	.....	.....	.....	1	.....	1	1	.....	1	1	.....	1	1	.....
Breezehurst Terrace	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Total	326	523	849	260	293	553	586	816	1,402	330	488	818	19	59
COUNTY POOR-HOUSES.														
Albany	9	13	22	1	1	2	10	14	24	10	9	19	.....	3
Allegany	3	5	8	1	.....	1	4	5	9	2	3	5	.....	3
Broome	38	44	82	5	2	7	43	46	89	38	40	78	.....	4
Cattaraugus	42	40	82	4	1	5	46	41	87	37	35	72	.....	10
Cayuga	6	7	13	.....	.....	.....	6	7	13	6	4	10	.....	3
Chautauqua	59	61	120	14	7	21	73	68	141	56	55	111	.....	9
Chenango	14	30	44	2	.....	2	16	30	46	.....	.....	.....	.....	44
Clinton	14	21	35	.....	.....	.....	14	21	35	13	20	33	.....	2
Columbia	3	8	11	.....	.....	.....	3	8	11	1	7	8	.....	3
Cortland	13	15	28	2	1	3	15	16	31	12	14	26	.....	2
Erie	207	184	391	17	17	34	224	201	425	192	186	378	.....	13
Fulton	10	7	17	.....	.....	.....	10	7	17	8	7	15	.....	2
Genesee	6	1	7	.....	.....	.....	6	1	7	5	1	6	.....	1
Greene	2	7	9	.....	.....	.....	2	7	9	2	6	8	.....	1
Herkimer	19	25	44	2	1	3	21	26	47	17	23	40	.....	4

Jefferson	7	34	41	2	4	6	9	38	47	9	33	42	1	......
Lewis	21	15	36	2	......	2	23	15	38	23	12	35	......	1
Livingston	22	32	54	4	3	7	26	35	61	19	32	51	......	3
Madison	26	23	49	1	......	1	27	23	50	22	24	46	......	3
Monroe	2	......	2	......	......	......	2	......	2	......	......	......	......	2
Montgomery	12	16	28	2	1	3	14	17	31	14	17	31	3	......
Oneida	152	169	321	9	8	17	161	177	338	144	171	315	......	6
Onondaga	44	72	116	5	3	8	49	75	124	39	68	107	......	9
Orange	35	35	70	1	1	2	36	36	72	36	33	69	......	1
Orleans	......	2	2	......	......	......	......	2	2	......	2	2	......	......
Oswego	35	44	79	9	7	16	44	51	95	39	47	86	7	......
Otsego	4	3	7	......	......	......	4	3	7	2	2	4	......	3
Queens	57	64	121	8	6	14	65	70	135	55	62	117	......	4
Rensselaer	1	14	15	1	4	5	2	18	20	......	12	12	......	3
Richmond	5	9	14	......	1	1	5	10	15	5	8	13	......	1
Rockland	......	5	5	......	......	......	......	5	5	......	5	5	......	......
Saratoga	8	5	13	......	......	......	8	5	13	5	5	10	......	3
Schenectady	2	1	3	......	......	......	2	1	3	2	1	3	......	......
Schoharie	1	4	5	......	......	......	1	4	5	......	......	......	......	5
Seneca	2	......	2	......	......	......	2	......	2	2	......	2	......	......
St. Lawrence	15	28	43	2	1	3	17	29	46	11	19	30	......	13
Suffolk	14	20	34	1	1	2	15	21	36	15	22	37	3	......
Sullivan	10	24	34	1	......	1	11	24	35	9	21	30	......	4
Tioga	16	20	36	6	1	7	22	21	43	15	19	34	......	2
Ulster	43	41	84	1	......	1	44	41	85	38	34	72	......	12
Warren	2	3	5	......	......	......	2	3	5	......	......	......	......	5
Washington	7	11	18	5	2	7	12	13	25	3	7	10	......	8
Wayne	31	28	59	4	2	6	35	30	65	26	25	51	......	8
Westchester	3	2	5	......	......	......	3	2	5	......	......	......	......	5
Wyoming	9	11	20	......	......	......	9	11	20	9	10	19	......	1
Total	1,031	1,203	2,234	112	75	187	1,143	1,278	2,421	941	1,101	2,042	14	206

TABLE No. 3.

Showing assigned cause of insanity in admissions to State hospitals during the year ending September 30, 1890.

	Men.	Women.	Total.
Abuses of drugs	2	1	3
Anæmia	....	2	2
Arrest of mental development (imbecility)	4	....	4
Bodily injury	7	1	8
Carcinoma uteri	....	1	1
Cerebral diseases	2	2	4
Cerebral hemorrhage	9	2	11
Cerebral tumor	....	1	1
Chorea	....	1	1
Climacteric	....	38	38
Confinement in prison	7	....	7
Confinement in prison and masturbation	2	....	2
Congenital defect	4	....	4
Epilepsy	48	26	74
Epilepsy with injury to head	1	....	1
Excessive smoking	5	....	5
Cerebral embolism	3	....	3
Excessive study	2	2	4
Fever, typhoid	5	5	10
General ill health	46	78	124
Hereditary predisposition	27	32	59
Heredity and confinement	1	...	1
Hydrocephalus	1	....	1
Ill health from want and privation	3	3	6
Insolation	22	7	29
Intemperance in drink	230	23	253
Intemperance in drink and opium	1	2	3
Intermittent fever	1	...	1
Lactation and pregnancy	....	3	3
La grippe	4	2	6
La grippe and intemperance	2	...	2
La grippe and injury to spine	1	....	1
La grippe and heredity	4	....	4
Lead poisoning	1	....	1
Loss of eyesight	1	....	1
Loss of hearing	1	....	1
Loss of sleep	....	1	1
Masturbation	72	9	81
Measles	...	1	1
Meningitis	2	....	2
Military hardship	1	....	1
Menstrual irregularities	....	5	5

TABLE No. 3 — (*Concluded*).

Showing assigned cases of insanity in admissions to State hospitals during the year ending September 30, 1890.

	Men.	Women.	Total.
Moral causes, including domestic trouble, loss of friends, business anxieties, pecuniary difficulties, grief, fright, disappointed affection, disappointed ambition, political excitement, religious excitement, etc	102	145	247
Multiple sclerosis	....	1	1
Nostalgia	2	1	3
Old age	41	39	80
Opium habit	10	6	16
Otitis media fol. scarlet fever	....	1	1
Ovarian tumor	....	1	1
Overwork and worry	33	45	78
Phthisis pulmonalis	1	1	2
Physical disease	11	28	39
Pregnancy and chorea	....	1	1
Prolonged lactation	....	5	5
Previous attack	5	6	11
Scarlet fever	....	1	1
Puberty	....	5	5
Puerperal, including childbirth, abortion, etc	....	42	42
Rheumatism	2	1	3
Sexual excesses	4	1	5
Surgical operation	6	....	6
Syphilis	21	1	22
Traumatic	36	5	41
Uterine disease	....	7	7
Venereal disease	1	....	1
Vicious habits and indulgences	6	4	10
Unascertained	290	240	530
Not insane	11	3	14
Total	1,104	838	1,942

TABLE No. 4.

Showing forms of insanity in those admitted, recovered and died at State hospitals during the year ending September 30, 1890.

FORM OF INSANITY.	UTICA STATE HOSPITAL			HUDSON RIVER STATE HOSPITAL			MIDDLETOWN STATE HOMŒOPATHIC HOSPI'L			BUFFALO STATE HOSPITAL		
	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.
Mania, acute	36	23	8	95	42	7	72	52	5	69	47	4
Mania, subacute	86	33	7	6	1	.....	7	3	.....	22	11	.....
Mania, recurrent	3	1	.....	11	.....	.....	.....	.....	.....	10	6	.....
Mania, chronic	42	2	1	39	.....	1	25	5	.....	20	1	1
Melancholia, acute	89	46	8	110	52	8	106	42	7	87	44	9
Melancholia, subacute	51	26	1	.....	.....	.....	1	.....	.....	3	2	.....
Melancholia, chronic	52	1	17	52	5	5	8	1	1	26	1	4
General paralysis	23	.....	25	4	.....	7	18	.....	6	13	.....	10
Dementia, primary	5	3	.....	35	4	7	.....	1	.....	33	7	.....
Dementia, terminal	75	.....	23	20	.....	8	45	.....	11	32	.....	12
Epilepsy	29	.....	1	22	.....	3	5	1	.....	12	1	1
Imbecility	2	.....	2	8	1	.....	1	.....	.....	.....	.....	.....
Idiocy	.....	.....	.....	.....	.....	.....	.....	.....	.....	2	.....	.....
Not insane	14	.....	.....	5	1	.....	.....	.....	.....	17	.....	1
Total	507	135	93	407	106	46	288	105	30	346	120	42

NOTE.—The number reported as "not insane" in the returns of the hospitals are described as opium habitués, cases of alcoholism, etc

TABLE No. 4 — (*Concluded*).

Showing forms of insanity in those admitted, recovered and died at State hospitals during the year ending September 30, 1890.

FORM OF INSANITY.	WILLARD STATE HOSPITAL.			BINGHAMTON STATE HOSPITAL.			STATE ASYLUM FOR INSANE CRIMINALS.			TOTAL.		
	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.
Mania, acute	18	4	4	8	5	.....	3	3	1	301	175	29
Mania, subacute	8	1	.....	5	.....	.....	2	.....	.....	136	49	7
Mania, recurrent	2	.....	1	9	4	1	.....	.....	.....	35	11	2
Mania, chronic	33	6	20	24	4	14	8	.....	2	191	18	39
Melancholia, acute	11	2	.....	9	1	.....	32	2	2	444	199	34
Melancholia, subacute	10	.....	.....	2	2	1	2	2	1	69	32	3
Melancholia, chronic	37	.....	15	5	.....	8	8	1	3	188	9	53
General paralysis	3	.....	8	4	.....	5	1	.....	2	66	.....	63
Dementia, primary	.....	.....	.....	6	1	1	2	.....	1	81	16	9
Dementia, terminal	78	.....	62	25	.....	17	1	.....	.....	276	.....	133
Epilepsy	10	.....	9	5	.....	6	4	.....	.....	87	2	20
Imbecility	8	.....	2	2	.....	1	2	.....	1	23	1	6
Idiocy	2	.....	2	.....	.....	1	.....	.....	.....	4	.....	3
Not insane	5	.....	.....	.....	.....	.....	.....	.....	.....	41	1	.....
Total	225	13	123	104	17	54	65	8	13	1,942	514	402

TABLE No. 5.

Showing the number and percentage of annual recoveries and deaths in the State hospitals since October 1, 1888, on the average daily number resident.

INSTITUTIONS.	YEAR ENDING SEPTEMBER 30, 1889.					YEAR ENDING SEPTEMBER 30, 1890.				
	Average daily population.	Recoveries.	Percentage.	Deaths.	Percentage.	Average daily population.	Recoveries.	Percentage.	Deaths.	Percentage.
Utica State Hospital	645	126	19.53	69	10.69	690.9	135	19.53	93	13.46
Hudson River State Hospital	475	102	21	46	10	573	106	18	46	8
Middletown State Homœopathic Hospital	536	101	18.84	15	2.79	578	105	18.16	30	5.19
Buffalo State Hospital	383	90	23.5	38	10	411	120	29.19	42	10.21
Willard State Hospital	2,004	20	.9	113	5.6	2,052	13	.6	123	5.9
Binghamton State Hospital	1,100	19	1.72	69	6.27	1,096	17	1.55	55	5.1
State Asylum for Insane Criminals	219	11	5.01	10	4.55	224	8	3.56	13	5.79

TABLE No. 6.

Showing causes of death of those who died in the State hospitals during the year ending September 30, 1890, and since October 1, 1888.

DURING THE YEAR ENDING SEPTEMBER 30, 1890.

	Utica State Hospital.			Hudson River State Hospital.			Middletown State Homœopathic Hospital.			Buffalo State Hospital.			Willard State Hospital.			Binghamton State Hospital.			State Asylum for Insane Criminals.			Aggregate.
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	
Total died	60	33	93	34	12	46	18	12	30	31	11	42	51	72	123	28	27	55	13	....	13	402
Acute alcoholism and heart failure	1	....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Acute gastritis and enteritis	....	....	....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	....
Acute bronchitis	....	....	....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	....
Anæmia	....	....	....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	....
Anæmia pernicious	....	....	....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	....
Aneurism, aortic	....	....	....	.....	.....	.....	.....	.....	.....	1	....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Asphyxia	....	....	....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2	...	2	.....	1	1	.....	.....	.....	3
Apoplexy, cerebral	....	....	....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	....
Apoplexy, hæmorrhagica	...	....	....	.....	.....	.....	1	.....	1	....	....	....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Asthenia	7	8	15	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	15
Asthenia, fol. fracture of arm	....	....	....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	....
Asthenia, fol. fracture of femur	....	....	....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	1	.....	.....	.....	.....	.....	.....	1
Bright's disease	1	3	4	.....	.....	.....	.....	1	1	1	2	3	3	...	3	.....	.....	.....	.....	.....	.....	11
Bronchitis	....	....	....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	....	1	.....	.....	.....	.....	.....	.....	1
Cancer	....	....	....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	....
Cancer of breast	....	....	....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	1	.....	.....	.....	1
Cancer of face	....	....	....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	....
Cancer of liver	....	....	....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	....	1	1
Cancer of stomach	....	....	....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	1	.....	.....	.....	1
Cancer of stomach and peritonitis	1	...	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2	2	.....	.....	.....	.....	.....	.....	1
Cancer of uterus	....	....	....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	1	.....	.....	.....	.....	.....	.....	2
Cancer of vulvæ	....	....	....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	1	.....	.....	.....	1
Cardiac paralysis	....	....	....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	1	.....	.....	.....	1
Cellulitis of leg	....	....	....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	....	1	.....	.....	.....	.....	.....	.....	1
Cellulitis, pelvic	....	....	....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	1	.....	.....	.....	1
Cerebral embolism	....	1	1	.....	.....	.....	.....	.....	.....	2	1	3	2	9	11	.....	1	1	2	....	2	25
Cerebral hemorrhage	3	1	4	2	2	4	.....	.....	.....	1	1	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	2
Cerebral softening	....	....	....	.....	.....	.....	.....	.....	.....	1	....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Cirrhosis of liver	....	....	....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	....

TABLE No. 6 — (*Continued*).

Showing causes of death of those patients who died in the State hospitals during the years ending September 30, 1890, and since October 1, 1888.

DURING THE YEAR ENDING SEPTEMBER 30, 1890.

	Utica State Hospital.			Hudson River State Hospital			Middletown State Homœopathic Hospital			Buffalo State Hospital.			Willard State Hospital.			Binghamton State Hospital.			State Asylum for Insane Criminals.			Aggregate.
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	
Chronic diarrhœa	1	...	1	.....	.....	.....	.....	.....	.....	..	...	..	....	..	.....	.....	1	1	.....	...	.....	2
Debility from old age	...	...	...	.....	.....	.....	.....	.....	.....	....	....	....	3	8	11	.....	.....	.....	.....	...	.....	11
Dementia, terminal	....	....	....	.....	.....	.....	8	4	12	....	....	....	....	....	.....	.....	.....	.....	.....	...	.....	12
Diabetes mellitis	...	....	....	.....	.....	.....	.....	.....	.....	...	...	...	1	..	1	.....	.....	.....	.....	...	.....	1
Dilatation of heart	...	....	....	.....	.....	.....	.....	.....	.....	....	...	....	....	1	1	.....	.....	.....	.....	...	.....	1
Dropsy and gangrene of scrotum	....	....	....	1	.....	1	.....	.....	.....	....	....	....	....	....	.....	.....	.....	.....	.....	...	.....	1
Dysentery	...	....	....	.....	.....	.....	.....	.....	.....	....	1	1	1	1	2	2	1	3	.....	...	.....	6
Empyæmia	...	...	....	.....	.....	.....	.....	.....	.....	....	...	...	....	....	.....	.....	.....	.....	.....	...	.....	...
Enteric fever	...	....	....	.....	.....	.....	.....	.....	.....	....	...	....	....	....	.....	.....	.....	.....	.....	...	.....	...
Enteritis	....	...	....	.....	.....	.....	.....	.....	.....	....	...	....	1	1	2	.....	.....	.....	.....	...	.....	2
Enteritis, chronic	....	1	1	.....	.....	.....	.....	.....	.....	....	...	....	....	....	.....	.....	.....	.....	.....	...	.....	1
Epilepsy	1	...	1	2	1	3	.....	.....	.....	....	...	....	1	7	8	3	2	5	.....	...	.....	17
Erysipelas	....	....	..	.....	.....	.....	.....	.....	.....	....	...	....	....	....	.....	.....	.....	.....	.....	...	.....	...
Emphysema	....	....	....	.....	.....	.....	.....	.....	.....	....	...	....	1	...	1	.....	.....	.....	.....	...	.....	1
Erysipelas, phlegmonous	1	....	1	.....	.....	.....	.....	.....	.....	....	...	....	....	....	.....	.....	.....	.....	.....	...	.....	1
Exhaustion from acute mania	...	....	....	.....	.....	.....	1	3	4	....	...	...	....	1	1	.....	.....	.....	.....	...	.....	5
Exhaustion from acute melancholia	....	...	....	.....	.....	.....	2	2	4	....	....	....	..	...	.....	.....	.....	.....	.....	...	.....	4
Exhaustion from carbuncle and old age	....	....	....	.....	1	1	.....	.....	.....	...	...	...	....	....	.....	.....	.....	.....	.....	...	.....	1
Exhaustion from chronic mania	....	....	....	.....	.....	.....	.....	1	1	....	...	....	7	10	17	5	5	10	.....	...	.....	28
Exhaustion from mental disease	....	....	....	3	1	4	.....	.....	.....	9	4	13	....	....	.....	.....	.....	.....	.....	...	.....	17
Exhaustion from diarrhœa and old age	....	....	....	.....	1	1	.....	.....	.....	....	...	....	....	....	.....	.....	.....	.....	.....	...	.....	1
Exhaustion from ovarian cyst	....	....	....	.....	.....	.....	.....	.....	.....	....	...	....	....	....	.....	.....	1	1	.....	...	.....	1
Fracture of rib and pleurisy	....	....	....	.....	.....	.....	.....	.....	.....	....	...	....	....	....	.....	.....	.....	.....	.....	...	.....	...
Fecal impaction	1	....	1	.....	.....	.....	.....	.....	.....	....	...	....	....	....	.....	.....	.....	.....	.....	...	.....	1
Gangrene of extremities	....	...	...	1	.....	1	.....	.....	.....	...	...	...	....	....	.....	.....	.....	.....	.....	...	.....	1
Gastritis	....	....	....	.....	.....	.....	.....	.....	.....	....	...	....	....	....	.....	.....	1	1	.....	...	.....	1
Gastro-enteritis	....	....	....	.....	.....	.....	.....	.....	.....	....	...	....	....	....	.....	.....	.....	.....	1	...	1	1
Glioma-cerebri	....	1	1	.....	.....	.....	.....	.....	.....	....	...	....	....	....	.....	.....	.....	.....	.....	...	.....	1

Heart disease																						
Intestinal stricture																						
Liver disease																						
Locomotor ataxia	3		3	1		1																4
Meningitis										1	1	2	1	1	2							4
Gastric hemorrhage																						
Old age	6	3	9	3	2	5													1		1	15
Old age and exhaustion																						
Paralysis from organic brain disease																1		1				1
Pericarditis																						
Peritonitis, chronic																			1		1	1
Phthisis pulmonalis	3	6	9	7		7		1	1				14	14	28	7	11	18	4		4	67
Pleurisy																						
Pleuro-pneumonia	1		1																			1
Pneumonia	2	5	7	4		4							4	4	8	3	1	4				23
Pulmonary abscess														1	1							1
Pulmonary consumption																						
Pulmonary gangrene													1		1							1
Pulmonary hæmorrhage																						
Pulmonary œdema		1	1	2		2																3
Purpura																						
Rheumatism		1	1																			1
Rupture of carotid artery																						
Rupture of heart														1	1							1
Rupture of internal carotid artery														1	1							1
Senile gangrene																						
Septicæmia	1		1																			1
Septicæmia after ovariotomy																						
Shock										1		1										1
Strangulated hernia																			1		1	1
Suicide										2	1	3		1	1	1		1				5
Suicide, asphyxia																						
Suicide, strangulation	3	1	4																			4
Sunstroke																						
Syphilis																						
Tuberculosis, acute														2	2							2
Tuberculosis, general										2		2										2
Typhoid fever														1	1							1
Valvular disease of heart													1	2	3							3
General paresis	24	1	25	8	3	11	6		6	10	...	10	6	2	8	3		3	2		2	65

TABLE No. 6—(*Continued*).

Showing cause of death of those patients who died in the State hospitals during the year ending September 30, 1890, and since October 1, 1888.

SINCE OCTOBER 1, 1888.

	Utica State Hospital.			Hudson River State Hospital.			Middletown State Homœopathic Hospital.			Buffalo State Hospital.			Willard State Hospital.			Binghamton State Hospital.			State Asylum for Insane Criminals.			Aggregate.
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	
Total died	97	65	162	67	25	92	32	13	45	52	28	80	117	119	236	65	59	124	23	....	23	762
Acute alcoholism and heart failure	1	....	1	.....	.....	.....	.....	.....	.....	....	....	....	....	....	....	.....	.....	.....	.....	....	.....	1
Acute gastritis and enteritis	....	....	....	.....	.....	.....	.....	.....	.....	....	....	....	....	....	....	.....	.....	.....	.....	....	.....	....
Acute bronchitis	....	....	....	.....	.....	.....	.....	.....	.....	....	....	....	....	....	....	.....	.....	.....	.....	....	.....	....
Anæmia	....	....	....	.....	.....	.....	.....	.....	.....	....	....	....	....	....	....	.....	.....	.....	.....	....	.....	....
Anæmia, pernicious	....	....	....	.....	.....	.....	.....	.....	.....	1	....	1	....	....	....	.....	.....	.....	.....	....	.....	1
Aneurism, aortic	....	....	....	.....	.....	.....	.....	.....	.....	1	....	1	....	....	....	.....	.....	.....	.....	....	.....	1
Asphyxia	....	....	....	.....	.....	.....	.....	.....	.....	....	....	....	2	....	2	.....	2	2	.....	....	.....	4
Apoplexy, cerebral	....	....	....	.....	.....	.....	.....	.....	.....	....	....	....	....	....	....	.....	.....	.....	.....	....	.....	....
Apoplexy, hemorrhagica	....	....	....	.....	.....	.....	1	.....	1	....	....	....	....	....	....	.....	.....	.....	.....	....	.....	1
Asthenia	9	15	24	.....	.....	.....	.....	.....	.....	2	3	5	....	....	....	.....	.....	.....	.....	....	.....	29
Asthenia, fol. fracture of arm	....	1	1	.....	.....	.....	.....	.....	.....	....	....	....	....	....	....	.....	.....	.....	.....	....	.....	1
Asthenia, fol. fracture of femur	....	....	....	.....	.....	.....	.....	.....	.....	....	....	....	....	1	1	.....	.....	.....	.....	....	.....	1
Bright's disease	2	3	5	.....	1	1	.....	1	1	1	2	3	5	....	5	1	.....	1	1	....	1	17
Bronchitis	....	....	....	.....	.....	.....	.....	.....	.....	....	....	....	1	....	1	.....	.....	.....	.....	....	.....	1
Cancer	....	....	....	.....	.....	.....	.....	.....	.....	....	....	....	....	....	....	.....	.....	.....	.....	....	.....	....
Cancer of breast	....	1	1	.....	.....	.....	.....	.....	.....	....	....	....	....	1	1	.....	1	1	.....	....	.....	3
Cancer of face	....	....	....	.....	.....	.....	.....	.....	.....	....	....	....	....	....	....	.....	1	1	.....	....	.....	1
Cancer of liver	....	....	....	.....	.....	.....	.....	.....	.....	....	....	....	....	1	1	.....	.....	.....	1	....	1	2
Cancer of stomach	....	....	....	.....	.....	.....	.....	.....	.....	....	....	....	1	....	1	1	.....	1	.....	....	.....	2
Cancer of stomach and peritonitis	1	....	1	.....	.....	.....	.....	.....	.....	....	....	....	....	....	....	.....	.....	.....	.....	....	.....	1
Cancer of uterus	....	....	....	.....	.....	.....	.....	.....	.....	....	....	....	....	2	2	.....	.....	.....	.....	....	.....	2
Cancer of vulvæ	....	....	....	.....	.....	.....	.....	.....	.....	....	....	....	....	1	1	.....	.....	.....	.....	....	.....	1
Cardiac paralysis	....	....	....	.....	.....	.....	.....	.....	.....	....	....	....	....	....	....	.....	1	1	.....	....	.....	1
Cellulitis of leg	....	....	....	.....	.....	.....	.....	.....	.....	....	....	....	1	....	1	.....	.....	.....	.....	....	.....	1
Cellulitis, pelvic	....	....	....	.....	.....	.....	.....	.....	.....	....	....	....	....	....	....	.....	1	1	.....	....	.....	1
Cerebral embolism	....	1	1	.....	.....	.....	.....	.....	.....	....	....	....	....	....	....	1	.....	1	.....	....	.....	2
Cerebral hemorrhage	4	4	8	2	2	4	.....	.....	.....	2	1	3	8	14	22	.....	1	1	2	....	2	40
Cerebral softening	....	....	....	.....	.....	.....	.....	.....	.....	1	2	3	....	....	....	.....	.....	.....	.....	....	.....	3

Cirrhosis of liver	....	....	....	.....	.....	.....	.....	.....	.....	1	....	1	1	....	1	.....	.....	.....	.....	....	.....	2
Chronic diarrhœa	1	....	1	.....	.....	.....	.....	.....	.....	....	....	....	....	....	....	.....	2	2	.....	....	.....	3
Debility from old age	....	....	....	.....	.....	.....	.....	.....	.....	....	....	....	....	....	....	.....	.....	.....	.....	....	.....	....
Dementia, terminal	....	....	....	.....	.....	.....	12	4	16	....	....	....	....	....	....	.....	.....	.....	.....	....	.....	16
Diabetes mellitis	....	....	....	.....	.....	.....	.....	.....	.....	....	....	....	1	....	1	.....	.....	.....	1	....	1	2
Dilatation of heart	....	....	....	.....	.....	.....	.....	.....	.....	....	....	....	....	1	1	.....	.....	.....	.....	....	.....	1
Dropsy and gangrene of scrotum	....	....	....	1	.....	1	.....	.....	.....	....	....	....	....	....	....	.....	.....	.....	.....	....	.....	1
Dysentery	2	2	4	.....	.....	.....	.....	.....	.....	....	3	3	1	2	3	4	2	6	.....	....	.....	16
Empyæmia	....	1	1	.....	.....	.....	.....	.....	.....	....	....	....	....	....	....	.....	.....	.....	.....	....	.....	1
Enteric fever	....	....	....	.....	.....	.....	.....	.....	.....	....	....	....	....	....	....	.....	.....	.....	.....	....	.....	....
Enteritis	....	....	....	.....	.....	.....	.....	.....	.....	....	....	....	2	1	3	.....	.....	.....	.....	....	.....	3
Enteritis, chronic	....	1	1	.....	.....	.....	.....	.....	.....	....	....	....	....	....	....	.....	.....	.....	.....	....	.....	1
Epilepsy	1	....	1	7	1	8	.....	.....	.....	....	....	....	6	10	16	8	3	11	.....	....	.....	36
Erysipelas	....	....	....	.....	.....	.....	.....	.....	.....	1	....	1	....	1	1	.....	1	1	.....	....	.....	3
Emphysema	....	....	....	.....	.....	.....	.....	.....	.....	....	....	....	1	....	1	.....	1	1	.....	....	.....	2
Erysipelas, phlegmonous	1	....	1	1	2	3	.....	.....	.....	....	....	....	....	....	....	.....	.....	.....	.....	....	.....	4
Exhaustion from acute mania	....	....	....	.....	.....	.....	.....	.....	.....	....	....	....	....	1	1	.....	.....	.....	.....	....	.....	1
Exhaustion from acute melancholia	....	....	....	.....	.....	.....	.....	.....	.....	....	....	....	2	....	2	.....	.....	.....	.....	....	.....	2
Exhaustion from carbuncle and old age	....	....	....	.....	1	1	.....	.....	.....	....	....	....	....	....	....	.....	.....	.....	.....	....	.....	1
Exhaustion from chronic mania	....	....	....	.....	.....	.....	.....	.....	.....	....	....	....	13	17	30	9	20	29	1	....	1	60
Exhaustion from mental disease	....	....	....	6	4	10	11	7	18	10	6	16	....	....	....	.....	.....	.....	.....	....	.....	44
Exhaustion from diarrhœa and old age	....	....	....	.....	1	1	.....	.....	.....	....	....	....	....	....	....	.....	.....	.....	.....	....	.....	1
Exhaustion from ovarian cyst	....	....	....	.....	.....	.....	.....	.....	.....	....	....	....	....	....	....	.....	1	1	.....	....	.....	1
Fracture of rib and pleurisy	1	....	1	.....	.....	.....	.....	.....	.....	....	....	....	....	....	....	.....	.....	.....	.....	....	.....	1
Fecal impaction	1	....	1	.....	.....	.....	.....	.....	.....	....	....	....	....	....	....	.....	.....	.....	.....	....	.....	1
Gangrene of extremities	....	....	....	1	.....	1	.....	.....	.....	....	....	....	....	....	....	.....	.....	.....	.....	....	.....	1
Gastritis	....	....	....	.....	.....	.....	.....	.....	.....	....	....	....	....	....	....	1	.....	1	.....	....	.....	1
Gastro-enteritis	....	....	....	.....	.....	.....	.....	.....	.....	....	....	....	....	....	....	.....	.....	.....	1	....	1	1
Glioma-cerebri	....	1	1	.....	.....	.....	.....	.....	.....	....	....	....	....	....	....	.....	.....	.....	.....	....	.....	1
Heart disease	....	....	....	3	1	4	.....	.....	.....	....	2	2	....	....	....	2	2	4	.....	....	.....	10
Intestinal stricture	....	....	....	.....	.....	.....	.....	.....	.....	....	....	....	....	....	....	.....	1	1	.....	....	.....	1
Liver disease	....	....	....	.....	.....	.....	.....	.....	.....	....	....	....	....	....	....	.....	.....	.....	.....	....	.....	....
Locomotor ataxia	....	....	....	.....	.....	.....	.....	.....	.....	1	....	1	1	....	1	.....	.....	.....	.....	....	.....	2
Meningitis	7	....	7	1	.....	1	.....	.....	.....	3	2	5	2	1	3	.....	.....	.....	.....	....	.....	16
Gastric hemorrhage	....	....	....	.....	.....	.....	.....	.....	.....	....	....	....	....	....	....	1	.....	1	.....	....	.....	1
Old age	10	3	13	.....	.....	.....	.....	.....	.....	....	....	....	11	12	23	.....	.....	.....	1	....	1	37
Old age and exhaustion	....	....	....	5	6	11	.....	.....	.....	....	....	....	....	....	....	.....	.....	.....	.....	....	.....	11
Paralysis from organic brain disease	....	1	1	.....	.....	.....	.....	.....	.....	....	....	....	....	....	....	1	.....	1	.....	....	.....	2
Pericarditis	....	1	1	.....	.....	.....	.....	.....	.....	....	....	....	....	....	....	.....	.....	.....	.....	....	.....	1
Peritonitis, chronic	1	....	1	.....	1	1	.....	.....	.....	....	....	....	1	....	1	.....	.....	.....	1	....	1	4
Phthisis pulmonalis	7	13	20	11	2	13	.....	1	1	....	....	....	21	33	54	12	17	29	7	....	7	124
Pleurisy	....	....	....	.....	.....	.....	.....	.....	.....	....	....	....	....	....	....	1	.....	1	.....	....	.....	1
Pleuro-pneumonia	1	....	1	.....	.....	.....	.....	.....	.....	....	....	....	....	....	....	.....	.....	.....	.....	....	.....	1
Pneumonia	2	6	8	5	.....	5	.....	.....	.....	....	....	....	12	4	16	9	2	11	.....	....	.....	40
Pulmonary abscess	....	....	....	.....	.....	.....	.....	.....	.....	....	....	....	1	1	2	.....	.....	.....	.....	....	.....	2
Pulmonary consumption	....	....	....	.....	.....	.....	.....	.....	.....	....	....	....	....	....	....	.....	.....	.....	.....	....	.....	....
Pulmonary gangrene	....	....	....	.....	.....	.....	.....	.....	.....	....	....	....	1	....	1	.....	.....	.....	.....	....	.....	1
Pulmonary hemorrhage	....	....	....	.....	.....	.....	.....	.....	.....	....	....	....	....	....	....	1	.....	1	.....	....	.....	1

TABLE No. 6 — (*Concluded*).

Showing cause of death of those patients who died in the State hospitals during the year ending September 30, 1890, and since October 1, 1888.

SINCE OCTOBER 1, 1888.

	Utica State Hospital.			Hudson River State Hospital.			Middletown State Homœopathic Hospital.			Buffalo State Hospital.			Willard State Hospital.			Binghamton State Hospital.			State Asylum for Insane Criminals.			Aggregate.
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	
Pulmonary œdema	1	2	3	3	.....	3	.....	.....	.....	....	....	....	....	....	....	.....	.....	.....	.....	...	.....	6
Purpura	....	....	....	.....	.....	.....	.....	.....	.....	....	....	....	....	....	....	.....	.....	.....	.....	...	.....	1
Rheumatism	....	....	....	.....	.....	.....	.....	.....	.....	....	....	....	....	....	....	1	.....	1	.....	...	.....	1
Rupture of carotid artery	....	1	1	.....	.....	.....	.....	.....	.....	....	....	....	....	....	....	.....	.....	.....	.....	...	.....	1
Rupture of heart	....	....	....	.....	.....	.....	.....	.....	.....	....	....	....	....	1	1	.....	.....	.....	.....	...	.....	1
Rupture of internal carotid artery	....	....	....	.....	.....	.....	.....	.....	.....	....	....	....	....	1	1	.....	.....	.....	.....	...	.....	1
Senile gangrene	...	....	....	.....	.....	.....	.....	.....	.....	....	....	....	1	....	1	.....	.....	.....	.....	...	.....	1
Septicemia	1	....	1	.....	.....	.....	.....	.....	.....	1	....	1	....	....	....	.....	.....	.....	.....	...	.....	2
Septicemia after ovariotomy	...	1	1	.....	.....	.....	.....	.....	.....	....	....	....	....	....	....	.....	.....	.....	.....	...	.....	1
Shock	....	....	....	.....	.....	.....	.....	.....	.....	1	....	1	....	....	....	.....	.....	.....	.....	...	.....	1
Strangulated hernia	....	....	....	.....	.....	.....	.....	.....	.....	....	....	....	....	1	1	.....	.....	.....	.....	...	.....	1
Suicide	1	....	1	3	.....	3	.....	.....	.....	3	4	7	....	1	1	1	.....	1	2	....	2	15
Suicide, asphyxia	....	....	....	.....	.....	.....	.....	.....	.....	....	....	....	....	....	....	.....	.....	.....	.....	...	.....	....
Suicide, strangulation	3	2	5	.....	.....	.....	.....	.....	.....	....	....	....	....	....	....	.....	.....	.....	.....	...	.....	5
Sunstroke	....	....	....	.....	.....	.....	.....	.....	.....	....	....	....	....	....	....	1	.....	1	.....	...	.....	1
Syphilis	....	1	1	.....	.....	.....	.....	.....	.....	....	....	....	....	....	....	.....	.....	.....	.....	...	.....	1
Tuberculosis, acute	....	....	....	.....	.....	.....	.....	.....	.....	....	....	....	....	2	2	.....	.....	.....	.....	...	.....	2
Tuberculosis, general	....	....	....	.....	.....	.....	.....	.....	.....	3	1	4	....	....	....	.....	.....	.....	.....	...	.....	4
Typhoid fever	....	....	....	.....	.....	.....	.....	.....	.....	....	....	....	1	1	2	.....	.....	.....	.....	...	.....	2
Valvular disease of heart	....	....	....	.....	.....	.....	.....	.....	.....	....	....	....	6	5	11	.....	.....	.....	.....	...	.....	11
General paresis	39	5	44	18	3	21	8	.....	8	20	2	22	14	3	17	10	.....	10	5	...	5	127

TABLE No. 7.

Showing the first and subsequent admissions of those admitted to State hospitals during the year.

NUMBER OF ADMISSIONS.	UTICA STATE HOSPITAL.		HUDSON RIVER STATE HOSPITAL.		MIDDLETOWN STATE HOMŒOPATHIC HOSPITAL.		BUFFALO STATE HOSPITAL.		WILLARD STATE HOSPITAL.		BINGHAMTON STATE HOSPITAL.		STATE ASYLUM FOR INSANE CRIMINALS.	
	Cases admitted.	Times previously discharged recovered.	Cases admitted.	Times previously discharged recovered.	Cases admitted.	Times previously discharged recovered.	Cases admitted.	Times previously discharged recovered.	Cases admitted.	Times previously discharged recovered.	Cases admitted.	Times previously discharged recovered.	Cases admitted.	Times previously discharged recovered.
First	406	.....	361	.....	280	.....	317	.....	202	.....	58	.....	62	.....
Second	82	33	32	16	8	.....	22	14	14	3	39	.....	3	2
Third	8	7	11	6	.....	.....	5	2	7	2	6	.....	.....	.....
Fourth or more	11	9	3	2	.....	.....	2	3	2	.....	1	.....	.....	.....
Total cases	533	.....	.....	.....	.....	.....	.....	.....	.....	.....	....	.....	.....	.....
Total persons	507	49	407	24	.....	.....	346	19	225	5	104	.....	65	2

TABLE No. 8.

Showing hereditary tendency to insanity in cases admitted to State hospitals since October 1, 1888.

Paternal branch	298
Maternal branch	359
Paternal and maternal branches	56
Collateral branches	322
No hereditary tendency ascertained	2,720
Total	3,755

TABLE No. 9.

Showing civil condition of those admitted to State hospitals since October 1, 1888.

Single	1,616
Married	1,664
Widowed	419
Divorced	16
Unascertained	40
Total	3,755

TABLE No. 10.

Showing degree of education of those admitted to State hospitals since October 1, 1888.

Collegiate	62
Academic	240
Common school	2,258
Read and write	543
Read only	180
No education	298
Unascertained	173
Deaf-mute	1
Total	3,755

TABLE No. 11.

Showing the duration of insanity previous to admission, and the period under treatment of those discharged recovered from State hospitals during the year ending September 30, 1890, and since October 1, 1888.

DURATION PREVIOUS TO ADMISSION.	YEAR ENDING SEPTEMBER 30, 1890.						
	Utica State Hospital.	Hudson River State Hospital.	Middletown State Homœopathic Hospital.	Buffalo State Hospital.	Willard State Hospital.	Binghamton State Hospital.	State Asylum for Insane Criminals.
Under one month	50	24	25	38	3	3	2
One to three months	33	39	28	27	.....	3	.....
Three to six months	19	9	14	16	.....	.....	.....
Six to nine months	5	3	9	13	1	.....	.....
Nine months to one year	3	11	4	3	.....	3	.....
One year to eighteen months	3	1	13	6	1	.....	.....
Eighteen months to two years	1	4	1	.....	.....	1	.....
Two to three years	2	1	6	7	1	2	.....
Three to four years	1	2	.....	3	.....	.....	.....
Four to five years	.....	1	1	1	.....	2	.....
Five to ten years	.....	2	3	1	1	.....	.....
Ten to twenty years	.....	.....	1	2	.....	1	.....
Unascertained	18	9	.....	3	6	2	6
Total	135	106	105	120	13	17	8

TABLE No. 11 — (*Continued*).

Showing the duration of insanity previous to admission, and the period under treatment of those discharged recovered from State hospitals during the year ending September 30, 1890, and since October 1, 1888.

PERIOD UNDER TREATMENT.	YEAR ENDING SEPTEMBER 30, 1890.						
	Utica State Hospital.	Hudson River State Hospital.	Middletown State Homœopathic Hospital.	Buffalo State Hospital.	Willard State Hospital.	Binghamton State Hospital.	State Asylum for Insane Criminals.
Under one month	1	2	.....	3	.....	.....	.....
One to three months	15	22	11	25	4	1	1
Three to six months	51	29	30	33	2	7	1
Six to nine months	31	22	22	21	2	1	1
Nine months to one year	18	10	12	13	3	3	4
One year to eighteen months	15	9	18	15	2	2	1
Eighteen months to two years	2	2	5	4	.....	.....	.....
Two to three years	2	4	2	2	.....	3	.....
Three to four years	.....	4	1	1	.....	.....	.....
Four to five years	.....	2	1	1	.....	.....	.....
Five to ten years	.....	.....	2	2	.....	.....	.....
Ten to twenty years	.....	.....	1	.....	.....	.....	.....
Total	135	106	105	120	13	17	8

TABLE No. 11 — (*Continued*).

Showing the duration of insanity previous to admission, and the period under treatment of those discharged recovered from State hospitals during the year ending September 30, 1890, and since October 1, 1888.

DURATION PREVIOUS TO ADMISSION.	SINCE OCTOBER 1, 1888.						
	Utica State Hospital.	Hudson River State Hospital.	Middletown State Homœopathic Hospital.	Buffalo State Hospital.	Willard State Hospital.	Binghamton State Hospital.	State Asylum for Insane Criminals.
Under one month	76	44	45	69	7	5	3
One to three months	64	69	56	50	3	4	.....
Three to six months	34	27	35	26	3	2	2
Six to nine months	21	7	22	16	4	1	1
Nine months to one year	7	14	8	7	1	3	1
One year to eighteen months	23	5	22	8	1	.....	1
Eighteen months to two years	1	6	5	3	2	1	.....
Two to three years	3	5	7	8	1	6	.....
Three to four years	1	2	1	4	.....	.....	.....
Four to five years	1	5	4	2	.....	3	.....
Five to ten years	1	2	.....	2	1	5	.....
Ten to twenty years	.....	.....	1	2	.....	2	.....
Over twenty years	.....	.....	.....	5	.....	.....	.....
Unascertained	29	22	.....	8	9	4	11
Total	261	208	206	210	33	36	19

TABLE No. 11—(*Concluded*).

Showing the duration of insanity previous to admission, and the period under treatment of those discharged recovered from State hospitals during the year ending September 30, 1890, and since October 1, 1888.

PERIOD UNDER TREATMENT.	SINCE OCTOBER 1, 1888.						
	Utica State Hospital.	Hudson River State Hospital.	Middletown State Homœopathic Hospital.	Buffalo State Hospital.	Willard State Hospital.	Binghamton State Hospital.	State Asylum for Insane Criminals.
Under one month	1	4	7	5	.....	.....	.....
One to three months	30	44	18	36	7	5	1
Three to six months	92	71	55	58	5	10	3
Six to nine months	60	38	34	42	8	1	3
Nine months to one year	33	14	27	25	7	7	6
One year to eighteen months	34	14	29	25	6	3	3
Eighteen months to two years	5	7	17	5	.....	2	.....
Two to three years	5	6	8	7	.....	4	1
Three to four years	.....	7	3	4	.....	1	1
Four to five years	1	2	1	1	.....	3	1
Five to ten years	.....	1	5	2	.....	.....	.....
Ten to twenty years	.....	.....	2	.....	.....	.....	.....
Total	261	208	206	210	33	36	19

TABLE No. 12.

Showing the duration of insanity previous to admission, and the period under treatment of those discharged not recovered from State hospitals during the year ending September 30, 1890, and since October 1, 1888.

DURATION PREVIOUS TO ADMISSION.	YEAR ENDING SEPTEMBER 30, 1890.		
	Men.	Women.	Total.
Under one month	26	26	52
One to three months	59	27	86
Three to six months	20	22	42
Six to nine months	20	20	40
Nine months to one year	14	10	24
One year to eighteen months	24	21	45
Eighteen months to two years	9	4	13
Two to three years	29	20	49
Three to four years	1	11	12
Four to five years	10	15	25
Five to ten years	16	23	39
Ten to twenty years	17	15	32
Twenty to thirty years	4	5	9
Over thirty years	1	....	1
Not insane*	16	2	18
Unascertained	50	34	84
Total	316	255	571
PERIOD UNDER TREATMENT.			
Under one month	25	15	40
One to three months	37	15	52
Three to six months	39	39	78
Six to nine months	35	23	58
Nine months to one year	21	22	43
One year to eighteen months	44	29	73
Eighteen months to two years	28	25	53
Two to three years	41	28	69
Three to four years	16	15	31
Four to five years	8	13	21
Five to ten years	10	15	25
Ten to twenty years	4	5	9
Twenty to thirty years	....	1	1
Not insane*	16	2	18
Total	324	247	571

* Includes cases of alcoholism, opium habit, etc.

TABLE No. 12 — (*Concluded*).

Showing the duration of insanity previous to admission, and the period under treatment of those discharged not recovered from State hospitals during the year ending September 30, 1890 and since October 1, 1888.

DURATION PREVIOUS TO ADMISSION.	SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.
Under one month	78	59	137
One to three months	104	52	156
Three to six months	53	53	106
Six to nine months	44	43	87
Nine months to one year	42	26	68
One year to eighteen months	51	43	94
Eighteen months to two years	24	17	41
Two to three years	58	38	96
Three to four years	13	20	33
Four to five years	19	34	53
Five to ten years	39	49	88
Ten to twenty years	38	32	70
Twenty to thirty years	17	19	36
Over thirty years	2	3	5
Not insane*	32	2	34
Unascertained	117	57	174
Total	731	547	1,278
PERIOD UNDER TREATMENT.			
Under one month	34	27	61
One to three months	69	39	108
Three to six months	85	66	151
Six to nine months	64	44	108
Nine months to one year	44	51	95
One year to eighteen months	112	76	188
Eighteen months to two years	79	45	124
Two to three years	120	103	223
Three to four years	31	39	70
Four to five years	18	27	45
Five to ten years	29	20	49
Ten to twenty years	9	8	17
Twenty to thirty years	4	.. .	4
Over thirty years	1	....	1
Not insane*	32	2	34
Total	731	547	1,278

* Includes cases of alcoholism, opium habit, etc.

TABLE No. 13.

Showing the duration of insanity previous to admission, and the period under treatment of those who died during the current year and since October 1, 1888.

DURATION PREVIOUS TO ADMISSION.	Year Ending September 30, 1890.		
	Men.	Women.	Total.
Under one month	15	16	31
One to three months	23	17	40
Three to six months	17	1	18
Six to nine months	14	9	23
Nine months to one year	12	3	15
One year to eighteen months	11	7	18
Eighteen months to two years	4	4	8
Two to three years	31	15	46
Three to four years	19	10	29
Four to six years	13	9	22
Six to ten years	13	14	27
Ten to twenty years	8	9	17
Twenty years and over	9	12	21
Unascertained	49	45	94
Total	238	171	409
Period Under Treatment.			
Under one month	32	15	47
One to three months	29	18	47
Three to six months	30	13	43
Six to nine months	12	9	21
Nine months to one year	13	7	20
One year to eighteen months	34	14	48
Eighteen months to two years	7	6	13
Two to three years	25	11	36
Three to four years	19	10	29
Four to six years	12	18	30
Six to ten years	20	22	42
Ten to twenty years	9	22	31
Twenty years and over	....	2	2
Total	242	167	409

TABLE No. 13 — (*Concluded*).

Showing the duration of insanity previous to admission, and the period under treatment of those who died during the current year and since October 1, 1888.

DURATION PREVIOUS TO ADMISSION.	SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.
Under one month	26	23	49
One to three months	30	23	53
Three to six months	32	10	42
Six to nine months	26	14	40
Nine months to one year	19	7	26
One year to eighteen months	33	19	52
Eighteen months to two years	9	4	13
Two to three years	55	30	85
Three to four years	37	14	51
Four to six years	15	13	28
Six to ten years	29	30	59
Ten to twenty years	21	16	37
Twenty years and over	18	14	32
Unascertained	90	105	195
Total	440	322	762
PERIOD UNDER TREATMENT.			
Under one month	56	34	90
One to three months	54	33	87
Three to six months	54	27	81
Six to nine months	34	18	52
Nine months to one year	28	15	43
One year to eighteen months	49	28	77
Eighteen months to two years	22	12	34
Two to three years	41	23	64
Three to four years	37	17	54
Four to six years	17	26	43
Six to ten years	35	40	75
Ten to twenty years	23	34	57
Twenty years and over	2	3	5
Total	452	310	762

TABLE No. 14.

Showing ages of those admitted during the year ending September 30, 1890, and since October 1, 1888.

AGE.	DURING THE YEAR ENDING SEPTEMBER 30, 1890.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
From five to ten years	1	.....	1	1	1	2
From ten to fifteen years	4	4	8	8	7	15
From fifteen to twenty years	55	35	90	104	64	168
From twenty to twenty-five years	96	68	164	194	142	336
From twenty-five to thirty years	137	94	231	293	184	477
From thirty to thirty-five years	151	119	270	293	217	510
From thirty-five to forty years	149	98	247	263	177	440
From forty to fifty years	216	178	394	435	366	801
From fifty to sixty years	123	107	230	238	226	464
From sixty to seventy years	101	80	181	168	143	311
From seventy to eighty years	55	38	93	98	76	174
From eighty to ninety years	16	17	33	23	22	45
From ninety to ninety-five years	.....	.....	.....	1	1	2
Total	1,104	838	1,942	2,129	1,626	3,755

TABLE No. 15.

Showing ages of those discharged recovered during the year ending September 30, 1890, and since October 1, 1888.

AGE.	DURING THE YEAR ENDING SEPTEMBER 30, 1890.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
From ten to twenty years	16	10	26	31	25	56
From twenty to thirty years	81	62	143	156	116	272
From thirty to forty years	61	82	143	133	148	281
From forty to fifty years	56	45	101	103	97	200
From fifty to sixty years	22	30	52	42	59	101
From sixty to seventy years	22	27	49	46	41	87
From seventy to eighty years	2	6	8	5	6	11
Unascertained	.....	.....	.....	1	.....	1
Total	254	250	504	500	473	973

TABLE No. 16.

Showing ages of those who died during the year ending September 30, 1890, and since October 1, 1888.

AGE.	DURING THE YEAR ENDING SEPTEMBER 30, 1890.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
From fifteen to twenty years	2	1	3	3	3	6
From twenty to twenty-five years	8	5	13	16	7	23
From twenty-five to thirty years	14	5	19	30	16	46
From thirty to thirty-five years	21	9	30	35	13	48
From thirty-five to forty years	23	13	36	52	32	84
From forty to fifty years	50	36	86	96	70	166
From fifty to sixty years	42	32	74	84	59	143
From sixty to seventy years	35	30	65	65	51	116
From seventy to eighty years	29	29	58	54	48	102
From eighty to ninety years	11	6	17	17	9	26
Over ninety years	.....	1	1	.....	2	2
Total	235	167	402	452	310	762

TABLE No. 17.

Showing alleged duration of insanity previous to admission in those admitted to State hospitals during the year ending September 30, 1890.

DURATION OF INSANITY.	Men.	Women.	Total.
Under one month	168	107	275
One to three months	167	123	290
Three to six months	110	84	194
Six to nine months	54	39	93
Nine months to one year	61	32	93
One year to eighteen months	58	37	95
Eighteen months to two years	34	16	50
Two to three years	68	66	134
Three to four years	36	39	75
Four to five years	26	32	58
Five to ten years	39	53	92
Ten to fifteen years	25	27	52
Fifteen to twenty years	10	18	28
Twenty to thirty years	27	22	49
Thirty years and upwards	24	5	29
Not insane*	31	11	42
Unascertained	160	119	279
Total	1,104	838	1,942

TABLE No. 18.

Showing period of residence in asylum of those remaining under treatment September 30, 1890.

PERIOD OF RESIDENCE.	Men.	Women.	Total.
Under one month	76	76	152
One to three months	159	128	287
Three to six months	224	197	421
Six to nine months	161	130	291
Nine months to one year	162	123	285
One year to eighteen months	261	190	451
Eighteen months to two years	168	189	357
Two to three years	344	304	648
Three to four years	212	231	443
Four to five years	187	183	370
Five to ten years	576	596	1,172
Ten to fifteen years	253	275	528
Fifteen to twenty years	189	181	370
Twenty to thirty years	48	37	85
Thirty years and upwards	6	4	10
Not insane*	.....	1	1
Total	3,025	2,844	5,869

*Includes cases of alcoholism, morphine habit, etc.

TABLE No. 19.

Showing the occupation of those admitted to State hospitals since October 1, 1888.

Actor	1
Agents	13
Artist	1
Asylum attendant	1
Author	1
Axe grinder	1
Bakers	7
Barbers	21
Barkeepers and bartenders	5
Basket-maker	1
Beer bottler	1
Blacksmiths	22
Boat builder	1
Boilermakers	3
Boilermaker helper	1
Book agents	5
Bookbinders	5
Bookkeepers	31
Bootblack	1
Brass-finishers	2
Brewers	2
Bricklayers	7
Bridge keeper	1
Brokers	2
Broom and brush-makers	3
Builder	1
Butchers	18
Butler	1
Carpenters	80
Carriage-maker	1
Carriage painters and trimmers	2
Car inspector	1
Cattle drover	1
Chair-maker	1
Cheese-makers	2
Chemists	2
Chiropodist	1
Christian worker	1
Cigar dealer	1
Cigar manufacturers	15

Civil engineers	7
Clergymen	13
Clerks	92
Cloak-maker	1
Cloth designer	1
Coachmen	10
Coal dealer	1
Collar-makers	2
Comb-maker	1
Comb polisher	1
Commercial travelers	7
Commission merchant	1
Confectioner	1
Contractors	4
Cooks	9
Coopers	5
Cowboy	1
Cutlers	2
Dentists	5
Domestics	371
Draughtsman	1
Dressmakers	8
Drivers	9
Druggists	14
Dyer	1
Editors	8
Electrician	1
Elocutionists	2
Engineers	8
Engraver	1
Excise commissioner	1
Ex-messenger	1
Expressmen	2
Factory firemen	2
Factory operatives	35
Farmers and farm laborers	410
Finisher	1
Firemen	16
Fisherman	1
Fish peddler	1
Foreman	1
Fruiterer	1
Fruit grower	1

Furriers	2
Gardeners	9
Gentlemen	3
Glassblowers	2
Glovers and glove-makers	4
Grocers	5
Guide	1
Hackman	1
Harness-makers	5
Hatters	14
Hotel keepers	9
Horse jockeys	5
Horse trader	1
Horse trainer	1
Hostler	1
Housekeepers	889
Inspector of vessels	1
Insurance agents	8
Jewelers	6
Laborers	451
Lace-maker	1
Lather	1
Laundresses	13
Laundrymen	2
Lawyers	25
Letter carrier	1
Lime burner	1
Liquor dealer	1
Lithographers	2
Locomotive firemen	2
Lumber dealer	1
Lumberman	1
Longshoreman	1
Machinists	28
Manufacturers	11
Marble cutter	1
Masons	18
Mechanic	1
Merchants	63
Milkman	1
Millers	6
Milliners	5
Millwrights	2

Miners	5
Molders	19
Musicians	3
Night watchman	1
Nurses	38
Organist	1
Oysterman	1
Painters and varnishers	28
Paper hanger	1
Paper-makers	3
Pattern-makers	2
Peddlers	8
Photographers	4
Physicians	24
Piano-maker	1
Plumbers	3
Policemen	6
Potter	1
Porters	2
Press agent	1
Printers	22
Prostitutes	4
Publisher	1
Puddlers	2
Ragpicker	1
Railroad conductors	3
Railroad employés	22
Railway freight agents	2
Real estate agents	5
Rope-makers	2
Rubber worker	1
Saddler	1
Sailors	7
Salesmen and saleswomen	13
Saloon keepers	9
Salt boiler	1
Sash-maker	1
Sawyer	1
School girls	2
Seamen and boatmen	22
Seamstresses	31
Ship caulkers	2
Ship chandler	1

Shirt cutter	1
Shoe dealer	1
Shoemakers	36
Silk warper	1
Silk weaver	1
Snuff-maker	1
Speculators	2
Spinster	1
Spinner	1
Spiritualistic mediums	2
Steamfitter	1
Stenographers	4
Stone masons	8
Storekeepers	2
Students	19
Tailors and tailoresses	38
Tanners	4
Teachers	51
Teamsters	9
Telegraph operators	4
Theatrical manager	1
Tinsmiths	3
Tobacco stripper	1
Truckman	1
Undertakers	2
Upholsterers	2
Varnishers	2
Veterinary surgeon	1
Wagon-makers	2
Waiters and waitresses	9
Watch-makers	3
Watchmen	2
Weavers	12
Wheelwright	1
Wood engraver	1
Woodsman	1
Wool carder	1
Workers in metal	16
Workers in stone	10
No occupation	225
Unascertained	28
Total	3,755

TABLE No. 20.

Showing the nativity of patients admitted to State hospitals during the year ending September 30, 1890, and since October 1, 1888.

NATIVITY.	DURING THE YEAR ENDING SEPTEMBER 30, 1890.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Total admissions	1,104	838	1,942	2,129	1,626	3,755
Total born in United States	759	548	1,307	1,471	1,071	2,542
Armenia	1	.....	1	1	.....	1
Austria	.....	1	1	.....	1	1
Bahama Islands	1	.....	1	1	.....	1
Belgium	2	.....	2	2	.....	2
Bohemia	.....	.....	.....	1	.....	1
British India	.....	1	1	.....	1	1
Canada	19	12	31	40	32	72
China	2	.....	2	2	1	3
Denmark	1	.....	1	5	.....	5
England	33	22	55	64	43	107
France	5	4	9	8	6	14
Germany	86	76	162	155	137	292
Holland	2	.....	2	2	1	3
Hungary	1	1	2	1	1	2
Ireland	117	133	250	242	259	501
Isle of Man	.....	.....	.....	.....	1	1
Italy	4	5	9	10	5	15
Malta	.....	.....	.....	.....	1	1
Mexico	1	.....	1	1	.....	1

New Brunswick	.....	1	1	.....	2	2
New Foundland	.....	.....	.....	.....	1	1
Norway	.....	.....	.....	.....	2	2
Nova Scotia	.....	1	1	.....	1	1
Phillipine Islands	1	.....	1	1	.....	1
Poland	8	4	12	10	5	15
Russia	4	.....	4	6	.....	6
Scotland	6	4	10	20	13	33
Sweden	6	3	9	10	3	13
Switzerland	1	1	2	4	3	7
Wales	5	4	9	6	5	11
Total foreign born	306	273	579	582	524	1,106
Unascertained	39	17	56	66	41	107

Of the total number admitted to State hospitals since the 1st of October, 1888, the parents of 45.88 per cent were both of foreign birth.

In 2.84 per cent the parentage on the paternal side was foreign, while that on the maternal side was native.

In 1.42 per cent the parentage on the maternal side was foreign, while that on the paternal side was native.

The State Asylum for Insane Criminals at Auburn is not included in the above statement. Of the total number received into that asylum since October 1, 1888, the parents of 75.32 per cent were both of foreign birth.

TABLE No. 21.

Showing the residence, by counties, of patients admitted to State hospitals during the year ending September 30, 1890.

COUNTIES.	UTICA STATE HOSPITAL.			HUDSON RIVER STATE HOSPITAL.			MIDDLETOWN STATE HOMŒOPATHIC HOSPITAL.			BUFFALO STATE HOSPITAL.			WILLARD STATE HOSPITAL.			BINGHAMTON STATE HOSPITAL.			STATE ASYLUM FOR INSANE CRIMINALS.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
Albany	28	32	60	6	5	11	3	3	6	.....	.....	.....	5	1	6	2	4	6	2	.....	2
Allegany	.....	.....	.....	.....	.....	.....	.....	.....	.....	8	4	12	1	.....	1	2	.....	2	1	.....	1
Broome	3	1	4	.....	.....	.....	6	4	10	.....	.....	.....	.....	.....	.....	1	4	5	1	.....	1
Cattaraugus	.....	.....	.....	.....	.....	.....	.....	.....	.....	9	2	11	.....	.....	.....	.....	.....	.....	.....	.....	.....
Cayuga	16	8	24	.....	.....	.....	.....	.....	.....	1	.....	1	1	1	2	.....	.....	.....	1	.....	1
Chautauqua	.....	.....	.....	.....	.....	.....	.....	1	1	6	9	15	.....	.....	.....	.....	.....	.....	.....	.....	.....
Chemung	.....	.....	.....	.....	.....	.....	5	8	13	8	3	11	1	2	3	.....	.....	.....	.....	.....	.....
Chenango	16	30	46	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2	.....	2	2	.....	2
Clinton	.....	.....	.....	4	4	8	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Columbia	.....	.....	.....	14	22	36	.....	1	1	.....	.....	.....	1	2	3	1	1	2	.....	.....	.....
Cortland	5	7	12	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	1	.....	.....	.....
Delaware	13	2	15	.....	2	2	1	3	4	.....	.....	.....	.....	.....	.....	2	3	5	1	.....	1
Dutchess	.....	.....	.....	53	30	83	.....	3	3	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Erie	.....	.....	.....	.....	.....	.....	2	.....	2	91	74	165	2	2	4	.....	.....	.....	2	.....	2
Essex	3	4	7	.....	.....	.....	.....	.....	.....	.....	.....	.....	2	3	5	.....	.....	.....	.....	.....	.....
Franklin	6	3	9	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	1	.....	.....	.....	.....	.....	.....
Fulton	4	8	12	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	1	2	4	6	.....	.....	.....
Genesee	.....	.....	.....	.....	.....	.....	.....	.....	.....	6	2	8	4	8	12	.....	.....	.....	.....	.....	.....
Greene	.....	.....	.....	8	2	10	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Hamilton	.....	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Herkimer	6	9	15	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Jefferson	10	5	15	.....	.....	.....	.....	.....	.....	.....	.....	.....	4	1	5	.....	1	1	.....	.....	.....
Kings	.....	.....	.....	.....	3	3	5	5	10	.....	.....	.....	.....	.....	.....	.....	.....	.....	2	.....	2
Lewis	5	.....	5	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	2	3	1	.....	1	.....	.....	.....
Livingston	.....	.....	.....	.....	.....	.....	.....	1	1	6	3	9	1	.....	1	.....	.....	.....	.....	.....	.....
Madison	9	8	17	.....	.....	.....	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	1
Monroe	.....	.....	.....	.....	.....	.....	1	1	2	20	10	30	2	1	3	.....	.....	.....	2	1	3
Montgomery	14	3	17	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2	2	2	1	3	.....	.....	.....
New York	.....	.....	.....	27	8	35	11	19	30	.....	.....	.....	.....	.....	.....	.....	.....	.....	34	3	37
Niagara	.....	.....	.....	.....	.....	.....	.....	.....	.....	13	9	22	4	3	7	.....	.....	.....	.....	.....	.....
Oneida	58	41	99	.....	.....	.....	.....	.....	.....	2	.....	2	.....	.....	.....	.....	.....	.....	1	.....	1
Onondaga	25	24	49	.....	.....	.....	8	1	9	.....	.....	.....	5	8	13	1	.....	1	3	.....	3
Ontario	.....	.....	.....	.....	.....	.....	.....	1	1	2	3	5	20	17	37	.....	.....	.....	1	.....	1

Orange	.....	.....	.....	1	.....	1	39	21	60	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Orleans	.....	.....	.....	.....	.....	.....	1	.....	1	8	3	11	.....	3	3	.....	.....	.....	.....	.....	.....	.....
Oswego	17	25	42	.....	.....	.....	.....	1	1	.....	.....	.....	.....	1	1	2	.....	2	.....	.....	.....	.....
Otsego	2	1	3	.....	.....	.....	.....	.....	.....	.....	.....	.....	2	1	3	5	4	9	1	.....	.....	1
Putnam	.....	.....	.....	2	2	4	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	1	.....	.....	.....	.....
Queens	.....	.....	.....	34	29	63	3	3	6	.....	.....	.....	4	8	12	.....	.....	.....	2	.....	.....	2
Rensselaer	1	1	2	35	20	55	2	3	5	.....	.....	.....	.....	.....	.....	4	5	9	.....	.....	.....	.....
Richmond	.....	.....	.....	8	1	9	2	4	6	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Rockland	.....	.....	.....	.....	.....	.....	11	5	16	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
St. Lawrence	13	14	27	.....	.....	.....	.....	.....	.....	.....	.....	.....	2	.....	2	1	1	2	1	.....	.....	1
Saratoga	1	.....	1	1	.....	1	9	9	18	.....	.....	.....	.....	.....	.....	6	3	9	.....	.....	.....	.....
Schenectady	5	3	8	2	.....	2	1	.....	1	.....	.....	.....	2	.....	2	.....	.....	.....	1	.....	.....	1
Schoharie	2	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	3	7	10	.....	.....	.....	.....
Schuyler	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	10	3	13	.....	1	1	.....	.....	.....	.....
Seneca	.....	.....	.....	.....	.....	.....	.....	1	1	.....	.....	.....	13	6	19	.....	.....	.....	.....	.....	.....	.....
Steuben	.....	.....	.....	.....	.....	.....	.....	.....	.....	14	12	26	6	7	13	1	1	2	.....	.....	.....	.....
Suffolk	.....	.....	.....	1	.....	1	13	13	26	.....	.....	.....	.....	.....	.....	.....	.....	.....	2	.....	.....	2
Sullivan	.....	.....	.....	.....	.....	.....	7	11	18	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Tioga	.....	.....	.....	.....	.....	.....	5	4	9	.....	.....	.....	1	.....	1	7	2	9	.....	.....	.....	.....
Tompkins	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	6	13	19	.....	.....	.....	.....	.....	.....	.....
Ulster	.....	.....	.....	15	11	26	6	2	8	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Warren	6	3	9	2	1	3	1	1	2	.....	.....	.....	.....	.....	.....	1	.....	1	.....	.....	.....	.....
Washington	1	.....	1	1	.....	1	1	3	4	.....	.....	.....	.....	.....	.....	5	6	11	.....	.....	.....	.....
Wayne	.....	1	1	.....	.....	.....	1	.....	1	7	7	14	1	.....	1	.....	.....	.....	.....	.....	.....	.....
Westchester	.....	1	1	34	19	53	4	7	11	.....	.....	.....	8	7	15	.....	.....	.....	.....	.....	.....	.....
Wyoming	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	3	4	1	.....	1	.....	.....	.....	.....	.....	.....	.....
Yates	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	3	4	.....	.....	.....	.....	.....	.....	.....
State patients	1	2	3	.....	.....	.....	.....	.....	.....	.....	.....	.....	5	.....	5	.....	.....	.....	.....	.....	.....	.....
Soldiers' Home	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2	.....	2	3	.....	3	.....	.....	.....	.....
Total	270	237	507	248	159	407	149	139	288	202	144	346	119	106	225	55	49	104	61	4	65	

TABLE No. 22.

Residence by counties and classification of patients remaining in State hospitals September 30, 1890.

COUNTIES.	UTICA STATE HOSPITAL.			HUDSON RIVER STATE HOSPITAL.			MIDDLETOWN STATE HOMŒOPATHIC HOSPITAL.			BUFFALO STATE HOSPITAL.			WILLARD STATE HOSPITAL.			BINGHAMTON STATE HOSPITAL.			STATE ASYLUM FOR INSANE CRIMINALS.		
	Public.	Private.	Total.	Public.	Private.	Total.	Public.	Private.	Total.	Public.	Private.	Total.	Public.	Private.	Total.	Public.	Private.	Total.	Public.	Private.	Total.
Albany	100	11	111	15	4	19	15	4	19	.....	.....	.....	156	.....	156	184	.....	184	6	.....	6
Allegany	.....	.....	.....	.....	.....	.....	.....	.....	.....	20	3	23	29	.....	29	20	.....	20	1	.....	1
Broome	10	.....	10	.....	.....	.....	11	1	12	.....	.....	.....	1	.....	1	9	.....	9	1	.....	1
Cattaraugus	.....	.....	.....	.....	.....	.....	.....	.....	.....	11	1	12	1	.....	1	.....	.....	.....	1	.....	1
Cayuga	46	4	50	.....	.....	.....	2	1	3	.....	1	1	71	.....	71	13	.....	13	2	.....	2
Chautauqua	.....	.....	.....	.....	.....	.....	.....	1	1	15	3	18	.....	.....	.....	.....	.....	.....	2	.....	2
Chemung	2	2	4	.....	.....	.....	6	3	9	21	3	24	87	.....	87	1	.....	1	.....	.....	.....
Chenango	56	2	58	.....	.....	.....	2	2	4	.....	.....	.....	.....	.....	.....	15	.....	15	2	.....	2
Clinton	1	.....	1	23	.....	23	.....	.....	.....	.....	.....	.....	3	.....	3	3	.....	3	1	.....	1
Columbia	.....	.....	.....	47	5	52	.....	1	1	.....	.....	.....	34	.....	34	22	.....	22	1	.....	1
Cortland	12	.....	12	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	1	2	.....	2	.....	.....	.....
Delaware	13	.....	13	2	.....	2	8	1	9	.....	.....	.....	24	.....	24	40	.....	40	.....	.....	.....
Dutchess	2	.....	2	106	16	122	1	2	3	.....	.....	.....	91	.....	91	34	.....	34	3	.....	3
Erie	.....	2	2	.....	.....	.....	.....	3	3	192	15	207	46	.....	46	.....	.....	.....	1	.....	1
Essex	12	1	13	.....	.....	.....	.....	.....	.....	.....	.....	.....	14	.....	14	8	.....	8	1	.....	1
Franklin	9	.....	9	.....	.....	.....	.....	.....	.....	.....	.....	.....	35	.....	35	.....	.....	.....	1	.....	1
Fulton	15	1	16	.....	.....	.....	.....	.....	.....	.....	.....	.....	25	.....	25	24	.....	24	.....	.....	.....
Genesee	.....	.....	.....	.....	.....	.....	.....	.....	.....	6	.....	6	27	.....	27	.....	.....	.....	.....	.....	.....
Greene	.....	.....	.....	20	2	22	.....	1	1	.....	.....	.....	16	.....	16	11	.....	11	.....	.....	.....
Hamilton	1	1	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	2	.....	2	.....	.....	.....	.....	.....	.....
Herkimer	21	5	26	.....	.....	.....	.....	.....	.....	.....	.....	.....	9	.....	9	2	.....	2	1	.....	1
Jefferson	18	8	26	.....	.....	.....	.....	.....	.....	.....	.....	.....	36	.....	36	12	.....	12	3	.....	3
Kings	.....	1	1	8	7	15	12	29	41	.....	.....	.....	.....	.....	.....	1	.....	1	5	.....	5
Lewis	11	1	12	.....	.....	.....	.....	.....	.....	.....	.....	.....	10	.....	10	3	.....	3	.....	.....	.....
Livingston	1	1	2	.....	.....	.....	.....	.....	.....	9	2	11	7	.....	7	.....	.....	.....	.....	.....	.....
Madison	16	4	20	.....	.....	.....	2	2	4	.....	.....	.....	6	.....	6	9	.....	9	1	.....	1
Monroe	1	2	3	.....	.....	.....	2	2	4	33	12	45	17	.....	17	.....	.....	.....	7	.....	7
Montgomery	18	6	24	.....	.....	.....	.....	.....	.....	.....	.....	.....	35	.....	35	21	.....	21	.....	.....	.....
New York	2	2	4	42	37	79	24	87	111	.....	.....	.....	.....	.....	.....	.....	.....	.....	16	.....	16
Niagara	.....	.....	.....	.....	.....	.....	.....	1	1	30	1	31	101	.....	101	.....	.....	.....	1	.....	1
Oneida	105	19	124	.....	.....	.....	1	1	2	.....	.....	.....	3	.....	3	.....	.....	.....	3	.....	3
Onondaga	74	3	77	.....	.....	.....	18	8	26	.....	.....	.....	60	.....	60	42	.....	42	1	.....	1
Ontario	.....	.....	.....	.....	.....	.....	1	2	3	7	1	8	110	.....	110	.....	.....	.....	1	.....	1
Orange	.....	.....	.....	2	.....	2	70	36	106	.....	.....	.....	14	.....	14	31	.....	31	.....	.....	.....

Orleans	.....	1	1	.....	.....	.....	1	.....	1	17	.....	17	33	.....	33	.....	.....	.....	.....	.....	.....	.....
Oswego	34	.....	34	.....	.....	.....	1	.....	1	.....	.....	.....	10	.....	10	2	1	3	2	.....	2	
Otsego	2	2	4	.....	.....	.....	.....	.....	.....	.....	.....	.....	19	.....	19	37	.....	37	1	.....	1	
Putnam	.....	1	1	4	2	6	.....	.....	.....	.....	.....	.....	15	.....	15	6	.....	6	.....	.....	.....	
Queens	.....	.....	.....	61	3	64	5	6	11	.....	.....	.....	70	.....	70	5	.....	5	1	.....	1	
Rensselaer	2	1	3	90	1	91	2	6	8	.....	.....	.....	103	.....	103	164	.....	164	2	.....	2	
Richmond	.....	3	3	11	17	28	30	3	33	.....	.....	.....	26	.....	26	3	.....	3	2	.....	2	
Rockland	.....	1	1	1	.....	1	30	2	32	.....	.....	.....	9	.....	9	9	.....	9	1	.....	1	
St. Lawrence	34	6	40	.....	.....	.....	.....	1	1	.....	.....	.....	41	.....	41	7	.....	7	2	.....	2	
Saratoga	.....	1	1	.....	1	1	16	1	17	.....	.....	.....	22	.....	22	57	.....	57	.....	.....	.....	
Schenectady	11	.....	11	1	.....	1	.....	1	1	.....	.....	.....	38	.....	38	.....	.....	.....	.....	.....	.....	
Schoharie	4	1	5	.....	.....	.....	1	.....	1	.....	.....	.....	25	.....	25	20	.....	20	1	.....	1	
Schuyler	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	1	50	.....	50	1	1	2	.....	.....	.....	
Seneca	.....	.....	.....	.....	.....	.....	.....	1	1	.....	.....	.....	72	.....	72	.....	.....	.....	1	.....	1	
Steuben	.....	.....	.....	.....	.....	.....	.....	.....	.....	35	.....	35	50	.....	50	66	.....	66	.....	.....	.....	
Suffolk	1	.....	1	1	.....	1	40	2	42	.....	.....	.....	4	.....	4	27	.....	27	3	.....	3	
Sullivan	.....	.....	.....	.....	.....	.....	21	4	25	.....	.....	.....	.....	.....	.....	7	.....	7	.....	.....	.....	
Tioga	.....	.....	.....	.....	.....	.....	5	2	7	.....	.....	.....	1	.....	1	12	.....	12	.....	.....	.....	
Tompkins	.....	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	65	.....	65	.....	.....	.....	1	.....	1	
Ulster	.....	.....	.....	50	6	56	28	4	32	.....	.....	.....	27	.....	27	29	.....	29	5	.....	5	
Warren	8	.....	8	12	.....	12	5	.....	5	.....	.....	.....	3	.....	3	12	.....	12	2	.....	2	
Washington	6	.....	6	.....	.....	.....	3	1	4	.....	.....	.....	26	.....	26	17	.....	17	1	.....	1	
Wayne	.....	1	1	.....	.....	.....	.....	.....	.....	16	2	18	12	.....	12	.....	.....	.....	.....	.....	.....	
Westchester	.....	1	1	58	6	64	14	7	21	.....	.....	.....	167	.....	167	96	.....	96	1	.....	1	
Wyoming	1	.....	1	.....	.....	.....	.....	.....	.....	7	1	8	7	.....	7	.....	.....	.....	.....	.....	.....	
Yates	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	46	.....	46	.....	.....	.....	2	.....	2	
State patients	5	.....	5	.....	.....	.....	.....	.....	.....	.....	.....	.....	36	.....	36	17	.....	17	146	.....	146	
Total	654	96	750	554	107	661	377	229	606	419	46	465	2,048	.....	2,048	1,101	2	1,103	236	.....	*236	

* Includes two patients from county penitentiaries of Albany and New York counties, respectively.

TABLE No. 23.

Showing number of idiots and epileptics in county poor-houses September 30, 1890.

COUNTIES.	IDIOTS.			EPILEPTICS.		
	Men.	Women.	Total.	Men	Women.	Total.
Albany	2	.....	2	1	5	6
Allegany	5	11	16	.....	4	4
Broome	4	.....	4	6	.....	6
Cattaraugus	.....	.....	.....	4	.....	4
Cayuga	1	1	2	3	2	5
Chautauqua	3	3	6	5	3	8
Chemung	2	.....	2	3	2	5
Chenango	8	.....	8	.....	2	2
Clinton	11	4	15	3	2	5
Columbia	8	4	12	3	1	4
Cortland	.....	.....	.....	3	.....	3
Dutchess	.....	.....	.....	1	.....	1
Erie	1	2	3	17	9	26
Essex	5	3	8	2	.....	2
Franklin	1	1	2	2	.....	2
Fulton	3	4	7	3	1	4
Genesee	1	1	2	1	.....	1
Greene	4	1	5	1	3	4
Herkimer	1	1	2	2	3	5
Jefferson	.....	.....	.....	4	.....	4
Kings	.....	.....	.....	71	59	130
Lewis	.....	.....	.....	1	1	2
Livingston	6	2	8	4	3	7
Madison	.....	.....	.....	2	4	6
Monroe	3	.....	3	5	4	9

Montgomery	3	4	7	4	5	9
New York	253	123	376	.....	.....	.....
Oneida	1	.....	1	5	5	10
Onondaga	1	2	3	2	1	3
Orange	.....	.....	.....	2	1	3
Orleans	.....	1	1	.....	.....	.....
Oswego	4	4	8	4	6	10
Otsego	5	4	9	2	1	3
Putnam	4	2	6	1	.....	1
Queens	1	.....	1	6	.....	6
Rensselaer	2	.....	2	1	3	4
Richmond	.....	1	1	.....	.....	.....
Rockland	2	.....	2	.....	1	1
Saratoga	6	4	10	.....	2	2
Schenectady	2	2	4	1	.....	1
Schoharie	.....	.....	.....	1	2	3
Seneca	.....	4	4	.....	.....	.....
St. Lawrence	17	22	39	7	7	14
Steuben	5	1	6	3	1	4
Suffolk	1	1	2	3	3	6
Sullivan	5	.....	5	4	.....	4
Tioga	.....	.....	.....	2	.....	2
Ulster	.....	.....	.....	5	.....	5
Warren	2	1	3	2	2	4
Washington	1	.....	1	1	2	3
Wayne	1	2	3	1	2	3
Westchester	3	1	4	.....	.....	.....
Wyoming	3	4	7	.....	.....	.....
Yates	1	.....	1	.....	1	1
Total	392	221	613	204	153	357



II.

STATISTICS OF COUNTY ASYLUMS

OF

New York, Kings and Monroe Counties for Year Ending Sept. 30, 1890, and Since Oct. 1, 1888.

TABLE No. 1.

General statement, October 1, 1890.

	New York City Asylums.	Kings County Asylum.	Monroe County Asylum.
Date of opening	Blackwells Island, 1847; Wards Island, 1871; Harts Island, 1877; Central Islip, 1890	1855	1863
Total acreage of grounds and buildings	1,165	1,030	25
Acres of farm-land under cultivation	90	134	140
Capacity of institutions	4,130	1,080	300
Daily average number under treatment	4,969	1,797	329
Total expenditures during year	$607,994 56	*	$59,312 95
Weekly per capita cost on current expenditure, inclusive of clothing	Wards Island, $2.42; Central Islip, $3.96; Blackwells Island, $2.15; Harts Island, $2.13.	$1 90	$2 94
Maximum rate of wages paid attendants:			
Men	Wards Island, $35; Central Islip, $50	$25	$30
Women	Blackwells Island, $25; Harts Island, $22	$18	$20
Minimum rate of wages paid attendants:			
Men	Wards Island, $25; Central Islip, $25	$18	$25
Women	Blackwells Island, $18; Harts Island, $18	$12	$16
Proportion of day attendants to average daily population	Wards Island, 1 to 10; Central Islip, 1 to 10; Blackwells and Harts Islands, 1 to 13	*	1 to 10
Proportion of night attendants to average daily population	Wards Island, 1 to 55½; Central Islip, 1 to 42; Blackwells Island, 1 to 47; Harts Is., 1 to 73,	1 to 39	1 to 82
Percentage of daily population engaged in some kind of useful occupation	Wards Island, 33⅓; Central Islip, 85; Blackwells Island, 58; Harts Island, 50	39	67
Estimated value of farm and garden products during year	Wards Island, $2,500; Central Islip, $1,872; Blackwells Island, $700; Harts Island, $672,	$11,000	$3,000
Estimated value of articles made or manufactured by patients during year	Wards Island, $20,000; Central Islip, $324.50; Blackwells Island, $3,000; Harts Island, —	$53,800	.....

* Kings county failed to report.

TABLE No. 2.

Showing movement of population in asylums of New York, Kings and Monroe counties during year ending September 30, 1890.

	New York.			Kings.			Monroe.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
Remaining October 1, 1889	2,211	2,645	4,856	734	1,054	1,788	151	175	326
Admitted during year ending September 30, 1890	732	721	1,453	298	271	569	43	40	83
Total number under treatment during year	2,943	3,366	6,309	1,032	1,325	2,357	194	215	409
Capacity of institution	1,956	2,174	4,130	778	902	1,680	135	165	300
Discharged during the year:									
As recovered	102	171	273	66	49	115	6	7	13
As not recovered	330	178	508	87	77	164	12	14	26
As not insane*	.....	3	3	1	.....	1	.....	.....	.....
Died	246	232	478	96	96	192	12	17	29
Whole number discharged during the year	678	584	1,262	250	222	472	30	38	68
Remaining September 30, 1890	2,265	2,782	5,047	782	1,103	1,885	164	177	341

*Includes cases of alcoholism, opium habit, etc.

TABLE No. 3.

Showing assigned cause of insanity in the cases admitted to New York city asylums during the year ending September 30, 1890.

	Men.	Women.	Total.
Acute diseases	38	....	38
Arrest of mental development (imbecility)	....	1	1
Business troubles	17	....	17
Cerebral hemorrhage	....	6	6
Congenital defect	....	1	1
Disappointed affection	3	....	3
Domestic troubles	15	....	15
Dog bite	1	....	1
Epilepsy	14	44	58
Grippe	....	4	4
Hereditary predisposition	....	184	184
Hard work	13	....	13
Intemperance and excessive smoking	6	....	6
Intemperance and overwork	13	....	13
Intemperance	102	114	216
Injury to head	24	....	24
Injury to head and spine	....	5	5
Lead poisoning	1	....	1
Loss of work	23	....	23
Masturbation	33	....	33
Moral causes, including domestic troubles, loss of friends, business anxieties, pecuniary difficulties, grief, fright, disappointed affection, religious excitement, etc	....	234	234
Miasmatic poisoning	....	1	1
Overwork and insomnia	8	....	8
Ovarian diseases	....	10	10
Puerperal	....	46	46
Religious excitement	4	....	4
Sunstroke	9	....	9
Sexual excesses	....	1	1
Syphilis	....	7	7
Senility	....	60	60
Unsanitary occupation	2	....	2
Uterine diseases	....	3	3
Unascertained	406	....	406
Total	732	721	1,453

TABLE No. 3 — (*Continued*).

Showing assigned causes of insanity in cases admitted to the Kings County Asylum during the year ending September 30, 1890.

	Men.	Women.	Total.
Apoplexy	1	.....	1
Alcoholism	41	14	55
Blow on head	1	1	2
Childbirth	.....	3	3
Excesses, sexual and alcoholic	1	.....	1
Erysipelas	1	.....	1
Exposure	.....	1	1
Fall on ice	1	.....	1
Heredity	18	4	22
Insolation	1	.....	1
Lactation	.....	6	6
Masturbation	15	1	16
Operation of ovariotomy	.....	1	1
Overwork	6	.....	6
Puerperal state	.....	4	4
Religion	3	.....	3
Syphilis	.....	2	2
Scarlet fever	.....	1	1
Seduction	.....	1	1
Trouble	3	7	10
Tobacco excess	1	.....	1
Unascertained	205	225	430
Total	298	271	569

Table No. 3 — (*Concluded*).

Showing assigned causes of insanity in cases admitted to the Monroe County Asylum during the year ending September 30, 1890.

	Men.	Women.	Total.
Moral, anxiety and care	.....	1	1
Moral, business trouble	1	.....	1
Dissipation	2	1	3
Ill-health	6	7	13
Injury to head	2	.....	2
Intemperance	6	4	10
Influenza, Russian	.....	1	1
Lactation and anxiety	.....	2	2
Moral, misfortune	.....	3	3
Nostalgia	.....	1	1
Old age	4	3	7
Overwork	3	6	9
Shock from death of relative	1	2	3
Solitude	1	.....	1
Sunstroke	2	1	3
Tobacco	1	.....	1
Fever, typhoid	1	.....	1
Unknown	13	8	21
Total	43	40	83

TABLE No. 4.

Showing forms of insanity in those admitted, recovered and died in the asylums of New York, Kings and Monroe counties during the year ending September 30, 1890.

FORM.	NEW YORK CITY ASYLUMS.			KINGS COUNTY ASYLUMS.			MONROE COUNTY ASYLUM.		
	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.
Mania, acute	329	97	63	56	20	8	17	3	2
Mania, subacute	.....	.....	.....	4	1	.....	4	2	.....
Mania, recurrent	50	22	1	26	4	1	6	3	1
Mania, chronic	64	1	20	26	.....	11	13	.....	4
Melancholia, acute	517	126	73	37	28	17	7	2	2
Melancholia, subacute	.....	.....	.....	1	1	1	6	3	.....
Melancholia, chronic	79	4	29	29	.....	6	4	.....	3
Alternating (circular) insanity	.....	.....	.....	2	.....	.....	1	.....	.....
General paralysis	125	.....	88	39	.....	25	5	.....	4
Dementia, primary	50	14	16	44	4	4	1	.....	1
Dementia, terminal	200	9	184	32	2	55	14	.....	11
Epilepsy	21	.....	3	.....	.....	.....	2	.....	1
Imbecility	14	.....	1	13	1	7	3	.....	.....
Idiocy	3	.....	.....	.....	.....	.....	.....	.....	.....
Not insane	1	.....	.....	1	.....	.....	.....	.....	.....
Total	1,453	273	478	310	61	135	83	13	29

Table No. 4—(*Concluded*).

The following is a classification of additional cases admitted, recovered and died at the Kings County Asylum during the year ending September 30, 1890, and not included in above table.

FORM.	Admitted.	Recovered.	Died.
Mania, epileptic	3	3	.....
Mania, puerperal	23	4	2
Mania á potu	1	.....	.....
Mania, homicidal	1	.....	.....
Melancholia	44	12	.....
Melancholia, alcoholic	21	15	7
Melancholia, epileptic	2	.....	.....
Melancholia, puerperal	2	.....	.....
Dementia	8	2	.....
Dementia, alcoholic	12	4	4
Dementia, organic	5	.....	6
Dementia, senile	45	.....	24
Dementia with melancholia	2	.....	.....
Dementia with epilepsy	18	.....	.....
Epilepsy and imbecility	7	.....	12
Climacteric insanity	2	.....	.....
Stuporous insanity	1	1	1
Primary confusional insanity	1	2	.....
Insanity from masturbation	2	.....	.....
Periodic insanity	1	1	.....
Moral insanity	.....	2	.....
Paranoia	52	2	1
Nymphomania	.....	1	.....
Alcoholism, acute	6	5	.....
Total	259	54	57

TABLE No. 5.

Showing the number and percentage of recoveries and deaths in the asylums of New York, Kings and Monroe counties, based upon average number resident, since October 1, 1888.

YEAR.	NEW YORK CITY ASYLUMS.					KINGS COUNTY ASYLUMS.					MONROE COUNTY ASYLUM.				
	Average daily population.	Recoveries.	Percentage.	Deaths.	Percentage.	Average daily population.	Recoveries.	Percentage.	Deaths.	Percentage.	Average daily population.	Recoveries.	Percentage.	Deaths.	Percentage.
1889	.....	....	....	....	....	1,727	102	5.90	134	7.75	310	16	5.2	23	7.4
1890	.....	....	....	....	....	1,797	115	6.51	192	10.80	329	13	3.9	29	8.9
1889 1890	4,902 81	459	9.36	951	19.39	.....	....	....	....	....	.....	....	....	....	....

TABLE No. 6.

Showing the causes of death of those who died in the New York city asylums during the year ending September 30, 1890, and since October 1, 1888.

CAUSES OF DEATH.	DURING THE YEAR ENDING SEPTEMBER 30, 1890.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Nervous system:						
Acute meningitis	1	.....	1	3	.....	3
Cerebral apoplexy	13	5	18	18	12	30
Cerebral softening	1	.....	1	1	.....	1
Cerebral congestion	1	2	3	1	2	3
Cerebral hæmorrhage	.....	4	4	.....	4	4
Cerebral thrombosis	.....	1	1	.....	1	1
Epileptic convulsions	9	11	20	27	21	48
Paralysis (paraplegia)	.....	.....	.....	.....	1	1
Hemiplegia	.....	1	1	.....	1	1
Exhaustion of acute mania	9	14	23	19	23	42
Exhaustion of chronic mania	5	2	7	9	3	12
Exhaustion of acute melancholia	14	4	18	26	8	34
Exhaustion of chronic melancholia	1	.....	1	9	1	10
Exhaustion of secondary dementia	6	2	8	31	7	38
Exhaustion of senile dementia	9	14	23	22	28	50
Exhaustion of acute alcoholism	2	.....	2	2	.....	2
Exhaustion of chronic alcoholism	.....	.....	.....	3	.....	3
Exhaustion from paralysis	.....	.....	.....	.....	1	1
Exhaustion from poly-apoplectic convulsions	.....	.....	.....	1	.....	1
General paresis	71	7	78	134	17	151
Alcoholic paresis	.....	1	1	.....	1	1

TABLE No. 6 — (*Continued*).

Showing the causes of death of those who died in the New York city asylums during the year ending September 30, 1890, and since October 1, 1888.

CAUSES OF DEATH.	DURING THE YEAR ENDING SEPTEMBER 30, 1890.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Myelitis	.....	.....	.....	1	1	2
Senility and chronic diarrhœa	.....	1	1	.....	1	1
Senility and chronic bronchitis	.....	2	2	.....	2	2
Respiratory system:						
Bronchitis, acute	.....	1	1	2	6	8
Bronchitis, chronic	.....	.....	.....	.....	2	2
Asthma	.....	2	2	.....	4	4
Phthisis pulmonalis	34	95	129	55	171	226
Pneumonia, acute lobar	2	6	8	10	11	21
Pneumonia, catarrhal	6	.....	6	6	.....	6
Pleuro-pneumonia	.....	.....	.....	.....	1	1
Pleuritis, acute	.....	.....	.....	.....	1	1
Pleuritis, chronic	.....	.....	.....	1	.....	1
Œdema pulmonum from exhaustion	.....	1	1	1	2	3
Œdema pulmonum from epileptic convulsions	.....	1	1	.....	1	1
Œdema pulmonum from organic disease of heart	.....	.....	.....	.....	1	1
Œdema pulmonum from heart failure	3	.....	3	5	.....	5
Œdema pulmonum from chronic nephritis	2	.....	2	2	.....	2
Œdema of glottis and tumor of neck	1	.....	1	1	.....	1
Circulatory system:						
Heart failure from exhaustion	.....	2	2	.....	8	8
Heart failure from organic disease of heart	.....	.....	.....	.....	1	1

Dilatation of heart	5	3	8	5	6	11
Fatty degeneration of heart	1	.....	1	1	.....	1
Rupture of left ventricle of heart	1	.....	1	1	.....	1
Heart clot	1	.....	1	1	.....	1
Valvular disease of heart	10	9	19	11	23	34
Pericarditis	.....	.....	.....	.....	1	1
Digestive system :						
Dysentery, acute	6	9	15	13	23	36
Dysentery, chronic	.....	1	1	.....	6	6
Diarrhœa, acute	6	2	8	15	6	21
Diarrhœa, chronic	3	18	21	7	24	31
Enteritis, acute	.....	.....	.....	4	.....	4
Gastro-enteritis	.....	.....	.....	.....	1	1
Gastritis	.....	.....	.....	.....	1	1
Cirrhosis of liver	1	1	2	3	1	4
Cancer of liver	.....	.....	.....	.....	1	1
Abscess of liver	.....	... ..	.....	2	.....	2
Hæmatemisis	.. ...	1	1	.....	1	1
Genito-urinary system :						
Acute nephritis	1	.....	1	1	1	2
Chronic nephritis	4	4	8	6	7	13
Uræmic convulsions	2	.....	2	2	.....	2
Acute pyelitis and chronic cystitis	1	.....	1	1	.....	1
Cancer of uterus	.....	.....	.....	.....	4	4
Traumatic cases :						
Erysipelas of face	2	.....	2	5	1	6
Shock following operation for strangulated hernia	.....	.....	.....	1	.....	1
Exhaustion from fracture of femur and pyæmia	1	.....	1	2	.....	2
Abscess of parotid gland	1	.....	1	1	.....	1
Abscess of side and pyæmia	1	.....	1	1	.....	1
Suicide by hanging	6	.....	6	9	.....	9

TABLE No. 6 — (*Continued*).

Showing the causes of death of those who died in the New York city asylums during the year ending September 30, 1890 and since October 1, 1888.

CAUSES OF DEATH.	DURING THE YEAR ENDING SEPTEMBER 30, 1890.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Other diseases :						
General tuberculosis	2	.....	2	3	1	4
Intestinal tuberculosis	1	.....	1	1	.....	1
Typhoid fever	.....	1	1	1	1	2
Peritonitis	.....	.....	.....	.....	1	1
Epithelioma	.....	1	1	.....	1	1
Septicæmia	.....	.....	.....	1	.....	1
Septicæmia, puerperal	.....	.....	.....	.....	1	1
Septicæmia from palmar abscess	.....	.....	.....	.....	1	1
Septicæmia following fracture of radius	.....	1	1	.....	1	1
Gangrene of lower extremity	.....	1	1	.....	3	3
Scorbutus and exhaustion	.....	1	1	.....	1	1
Venereal diseases :						
Syphilis	.....	.....	.....	1	.....	1
Totals	246	232	478	489	462	951

Table No. 6 — (*Continued*).

Showing the causes of death of those who died in Kings County Asylum during the year ending September 30, 1890.

CAUSES OF DEATH.	During the Year.		
	Men.	Women.	Total.
Asthenia	7	16	23
Asthenia et apoplexy	3	.....	3
Asthenia et diarrhœa	4	9	13
Asthenia et hemorrhagia cerebri	.....	9	9
Asthenia et nephritis	1	3	4
Asthenia et senectus	6	10	16
Asthenia et suppurative otitis	1	.....	1
Aortic insufficiency	.....	1	1
Apnœa et pulmonary oedema	1	.....	1
Bronchitis	.....	1	1
Cerebral apoplexy	2	2	4
Cerebral embolism	.....	1	1
Chronic enteritis	2	.....	2
Exhaustion of melancholia	2	.....	2
Exhaustion of acute mania	1	1	2
Gastritis	2	.....	2
Gastro enteritis	1	.....	1
Hemiplegia et asthenia	.....	1	1
Hæmoptysis et phthisis pulmonalis	1	.....	1
Heart failure	2	2	4
Intestinal intussusception	1	.....	1
Intestinal obstruction	2	.....	2
Myelitis	.....	1	1
Morbus cordis valvulorum	1	8	9
Paretic convulsions	1	.....	1
Phthisis pulmonalis	20	17	37
Paresis generalis	19	1	20
Pericarditis	.....	1	1
Pneumonia	2	2	4
Pulmonary congestion	3	.....	3
Pachymeningitis hæmorrhagica et phthisis pulmonalis	.....	1	1
Status epilepticus	3	4	7
Suppurative pleuritis	1	1	2
Strangulation, suicide	2	.....	2
Typhoid fever	5	3	8
Tuberculosis, acuta	.....	1	1
Total	96	96	192

TABLE No. 6 — (*Concluded*).

Showing the causes of death of those who died at Monroe County Asylum during the year ending September 30, 1890, and since October 1, 1888.

CAUSES OF DEATH.	DURING THE YEAR.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Apoplexy	1	1	2	1	1	2
Asphyxia	1	.....	1	1	.....	1
Bronchitis	.....	1	1	.....	1	1
Enteritis	.....	2	2	.....	5	5
Epilepsy	.....	1	1	1	2	3
Exhaustion of mania	1	3	4	1	5	6
Exhaustion of melancholia	.....	1	1	1	1	2
Paresis	2	1	3	5	2	7
Phthisis	5	3	8	6	8	14
Pneumonia	.....	.....	.....	.....	1	1
Senility	1	1	2	2	2	4
Shock from fracture	.....	1	1	.....	2	2
Hernia, strangulated	.....	.....	.....	.....	1	1
Suicide	.....	2	2	.....	2	2
Fever, typhoid	1	.....	1	1	.....	1
Total	12	17	29	19	33	52

TABLE No. 7.

Showing the first and subsequent admissions of those admitted to New York city asylums during the year ending September 30, 1890, and since October 1, 1888.

NUMBER OF ADMISSIONS.	DURING THE YEAR ENDING SEPTEMBER 30, 1890.						SINCE OCTOBER 1, 1888.					
	CASES ADMITTED.			TIMES PREVIOUSLY DISCHARGED RECOVERED.			CASES ADMITTED.			TIMES PREVIOUSLY DISCHARGED RECOVERED.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
First	640	579	1,219	....	....	....	1,282	1,143	2,425	....	....	.....
Second	79	100	179	6	53	59	138	200	338	11	86	97
Third	10	25	35	2	22	24	17	48	65	3	47	50
Fourth or more	3	17	20	....	38	38	7	35	42	3	83	86
Total cases	732	721	1,453	8	113	121	1,444	1,426	2,870	17	216	233
Total persons	713	705	1,418	7	21	28	1,415	1,384	2,799	15	43	58

TABLE No. 7 — (*Continued*).

Showing the first and subsequent admissions of those admitted to the Kings county asylum during the year ending September 30, 1890, and since October 1, 1888.

NUMBER OF ADMISSIONS.	DURING THE YEAR ENDING SEPTEMBER 30 1890.						SINCE OCTOBER 1, 1888.					
	CASES ADMITTED.			TIMES PREVIOUSLY DISCHARGED RECOVERED.			CASES ADMITTED.			TIMES PREVIOUSLY DISCHARGED RECOVERED.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
First	252	227	479	5	3	8	248	221	469	12	5	17
Second	31	30	61	3	1	4	26	21	47	8	3	11
Third	8	5	13	1	2	3	6	4	10	3	2	5
Fourth or more	7	9	16	1	....	1	2	2	4	1	1	2
Total cases	298	271	569	10	6	16	282	248	530	24	11	35
Total persons	280	260	540	10	6	16	282	248	530	24	11	35

TABLE No. 7—(*Concluded*).

Showing the first and subsequent admissions of those admitted to the Monroe County Asylum during the year ending September 30, 1890, and since October 1, 1888.

NUMBER OF ADMISSIONS.	DURING THE YEAR ENDING SEPTEMBER 30, 1890.						SINCE OCTOBER 1, 1888.					
	CASES ADMITTED.			TIMES PREVIOUSLY DISCHARGED RECOVERED.			CASES ADMITTED.			TIMES PREVIOUSLY DISCHARGED RECOVERED.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
First	34	31	65	4	1	5	90	80	170	4	1	5
Second	4	5	9	1	1	2	9	9	18	2	1	3
Third	3	3	6	....	1	1	7	3	10	....	1	1
Fourth or more	2	1	3	....	....	....	6	2	8	....	....	....
Total cases	43	40	83	5	3	8	112	94	206	6	3	9
Total persons	43	40	83	5	3	8	110	94	204	6	3	9

TABLE No. 8.

Showing hereditary tendency to insanity in cases admitted to New York city asylums during the year ending September 30, 1890, and since October 1, 1888.

	During the Year Ending September 30, 1890.			Since October 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Paternal branch	18	8	26	54	13	67
Maternal branch	15	34	49	43	38	81
Paternal and maternal branches	.....	2	2	10	2	12
Collateral branches	48	50	98	93	73	166
No hereditary tendency	298	460	758	548	654	1,202
Unascertained	353	167	520	696	646	1,342
Total	732	721	1,453	1,444	1,426	2,870

TABLE No. 8 — (*Continued*).

Showing hereditary tendency to insanity in cases admitted to the Kings County Asylum during the year ending September 30, 1890, and since October 1, 1888.

	DURING THE YEAR ENDING SEPTEMBER 30, 1890.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Paternal branch	7	6	13	35	23	58
Maternal branch	14	9	23	33	27	60
Paternal and maternal branches	.....	1	1	2	2	4
Collateral branches	14	10	24	34	28	62
Unascertained	263	245	508	472	436	508
Total	298	271	569	576	516	1,092

TABLE No. 8 — (*Concluded*).

Showing hereditary tendency to insanity in cases admitted to the Monroe County Asylum during the year ending September 30, 1890, and since October 1, 1888.

	DURING THE YEAR ENDING SEPTEMBER 30, 1890.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Paternal branch	2	1	3	7	6	13
Maternal branch	1	6	7	5	18	23
Paternal and maternal branches	.....	.....	.....	.....	1	1
Collateral branches	2	1	3	2	1	3
No hereditary tendency	32	32	64	69	60	129
Unascertained	6	.....	6	29	8	37
Total	43	40	83	112	94	206

TABLE No. 9.

Showing civil condition of those admitted to New York city asylums during the year ending September 30, 1890, and since October 1, 1888.

CIVIL CONDITION.	DURING THE YEAR ENDING SEPTEMBER 30, 1890.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Single	409	272	681	762	543	1,305
Married	222	296	518	505	610	1,115
Widowed	63	124	187	113	225	338
Unascertained	38	29	67	64	48	112
Total	732	721	1,453	1,444	1,426	2,870



TABLE No. 9 — (*Continued*).

Showing civil condition of those admitted to the Kings County Asylum during the year ending September 30, 1890, and since October 1, 1888.

CIVIL CONDITION.	DURING THE YEAR ENDING SEPTEMBER 30, 1890.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Single	149	98	247	280	184	464
Married	131	112	243	237	206	443
Widowed	8	52	60	35	111	146
Unascertained	10	9	19	24	15	39
Total	298	271	569	576	516	1,092

TABLE No. 9 — (*Concluded*).

Showing civil condition of those admitted to the Monroe County Asylum during the year ending September 30, 1890, and since October 1, 1888.

CIVIL CONDITION.	DURING THE YEAR ENDING SEPTEMBER 30, 1890.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Single	25	14	39	55	31	86
Married	13	16	29	41	41	82
Widowed	5	9	14	15	21	36
Divorced	.....	1	1	1	1	2
Total	43	40	83	112	94	206



TABLE No. 10.

Showing degree of education of those admitted to New York city asylums during the year ending September 30, 1890, and since October 1, 1888.

DEGREE OF EDUCATION.	DURING THE YEAR ENDING SEPTEMBER 30, 1890.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Collegiate	10	.....	10	23	.....	23
Academic	21	.....	21	46	.....	46
Common school	178	38	216	338	84	422
Read and write	369	445	814	600	856	1,456
Read only	16	43	59	25	110	135
No education	30	126	156	64	230	294
Unascertained	108	69	177	348	146	494
Total	732	721	1,453	1,444	1,426	2,870

TABLE No. 10 — (*Continued*).

Showing degree of education of those admitted to the Kings County Asylum during the year ending September 30, 1890, and since October 1, 1888.

DEGREE OF EDUCATION.	DURING THE YEAR ENDING SEPTEMBER 30, 1890.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Collegiate	4	1	5	10	1	11
Academic	4	2	6	10	7	17
Common school	62	32	94	131	87	218
Read and write	118	97	215	217	158	375
Read only	6	7	13	18	25	43
No education	3	3	6	21	21	42
Unascertained	101	129	230	169	217	386
Total	298	271	569	576	516	1,092

TABLE No. 10—(*Concluded*).

Showing degree of education of those admitted to the Monroe County Asylum during the year ending September 30, 1890, and since October 1, 1888.

DEGREE OF EDUCATION.	DURING THE YEAR ENDING SEPTEMBER 30, 1890.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Academic	2	.....	2	2	6	8
Common school	22	16	38	53	34	87
Read and write	13	14	27	44	35	79
Read only	3	.....	3	7	3	10
No education	3	10	13	6	16	22
Total	43	40	83	112	94	206

TABLE No. 11.

Showing the duration of insanity previous to admission, and the period under treatment of those discharged recovered from New York city asylums during the year ending September 30, 1890, and since October 1, 1888.

DURATION PREVIOUS TO ADMISSION.	YEAR ENDING SEPTEMBER 30, 1890.		
	Men.	Women.	Total.
Under one month	22	55	77
One to three months	7	35	42
Three to six months	5	4	9
Six to nine months	....	2	2
Nine months to one year	....	1	1
One year to eighteen months	3	3	6
Two to three years	1	3	4
Three to four years	....	2	2
Four to five years	....	3	3
Five to ten years	2	2	4
Ten to twenty years	....	2	2
Unascertained	62	59	121
Total	102	171	273
PERIOD UNDER TREATMENT.			
Under one month	5	17	22
One to three months	28	60	88
Three to six months	15	39	54
Six to nine months	12	27	39
Nine months to one year	14	16	30
One year to eighteen months	8	5	13
Eighteen months to two years	7	3	10
Two to three years	7	2	9
Three to four years	3	1	4
Four to five years	1	....	1
Five to ten years	1	1	2
Ten to twenty years	1	....	1
Total	102	171	273

Table No. 11 — (*Continued*).

Showing the duration of insanity previous to admission, and the period under treatment of those discharged recovered from New York city asylums during the year ending September 30, 1890, and since October 1, 1888.

DURATION PREVIOUS TO ADMISSION.	Since October 1, 1888.		
	Men.	Women.	Total.
Under one month	41	69	110
One to three months	10	44	54
Three to six months	10	12	22
Six to nine months	....	6	6
Nine months to one year	....	1	1
One year to eighteen months	3	5	8
Eighteen months to two years	1	1	2
Two to three years	3	5	8
Three to four years	....	4	4
Four to five years	....	3	3
Five to ten years	2	4	6
Ten to twenty years	....	5	5
Unascertained	85	144	229
Total	155	303	458
Period Under Treatment.			
Under one month	10	29	39
One to three months	35	102	137
Three to six months	27	72	99
Six to nine months	20	49	69
Nine months to one year	22	24	46
One year to eighteen months	13	11	24
Eighteen months to two years	11	7	18
Two to three years	9	5	14
Three to four years	5	3	8
Four to five years	1	....	1
Five to ten years	1	1	2
Ten to twenty years	2	....	2
Total	156	303	459

Table No. 11 — (*Continued*).

Showing the duration of insanity previous to admission, and the period under treatment of those discharged recovered from the Kings County Asylum during the year ending September 30, 1890, and since October 1, 1888.

Duration previous to admission.	Year Ending September 30, 1890.		
	Men.	Women.	Total.
Under one month	12	10	22
One to three months	11	4	15
Three to six months	2	3	5
Six to nine months	1	....	1
Nine months to one year	....	1	1
One year to eighteen months	....	2	2
Two to three years	2	1	3
Three to four years	1	....	1
Four to five years	1	....	1
Five to ten years	....	1	1
Not insane*	1	....	1
Unascertained	35	27	62
Total	66	49	115
Period Under Treatment.			
Under one month	19	7	26
One to three months	24	13	37
Three to six months	12	15	27
Six to nine months	7	8	15
Nine months to one year	2	1	3
One year to eighteen months	1	5	6
Eighteen months to two years	1	....	1
Total	66	49	115

*Includes cases of alcoholism, opium habit, etc.

TABLE No. 11 — (*Continued*).

Showing the duration of insanity previous to admission, and the period under treatment of those discharged recovered from the Kings County Asylum during the year ending September 30, 1890, and since October 1, 1888.

DURATION PREVIOUS TO ADMISSION.	SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.
Under one month	23	27	50
One to three months	23	17	40
Three to six months	5	9	14
Six to nine months	1	1	2
Nine months to one year	1	2	3
One year to eighteen months	1	2	3
Eighteen months to two years	....	1	1
Two to three years	3	1	4
Three to four years	2	....	2
Four to five years	1	....	1
Five to ten years	1	1	2
Ten to twenty years	1	....	1
Unascertained	56	38	94
Total	118	99	217
PERIOD UNDER TREATMENT.			
Under one month	24	10	34
One to three months	42	16	58
Three to six months	36	31	67
Six to nine months	4	24	28
Nine months to one year	9	9	18
One year to eighteen months	1	6	7
Eighteen months to two years	1	1	2
Two to three years	1	1	2
Five to ten years	....	1	1
Total	118	99	217

Table No. 11 — (*Continued*).

Showing the duration of insanity previous to admission, and the period under treatment of those discharged recovered from the Monroe County Asylum during the year ending September 30, 1890, and since October 1, 1888.

DURATION PREVIOUS TO ADMISSION.	Year Ending September 30, 1890.		
	Men.	Women.	Total.
Under one month	...	2	2
One to three months	4	1	5
Three to six months	1	....	1
Six to nine months	....	1	1
Nine months to one year	....	1	1
One year to eighteen months	1	1	2
Eighteen months to two years	....	1	1
Total	6	7	13
Period Under Treatment.			
Under one month	....	2	2
One to three months	2	....	2
Three to six months	3	1	4
Six to nine months	....	3	3
Two to three years	....	1	1
Five to ten years	1	....	1
Total	6	7	13

TABLE No. 11 — (*Concluded*).

Showing the duration of insanity previous to admission, and the period under treatment of those discharged recovered from the Monroe County Asylum during the year ending September 30, 1890, and since October 1, 1888.

DURATION PREVIOUS TO ADMISSION.	SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.
Under one month	2	3	5
One to three months	7	5	12
Three to six months	2	1	3
Six to nine months	1	1	2
Nine months to one year	....	2	2
One year to eighteen months	2	1	3
Eighteen months to two years	....	2	2
Total	14	15	29
PERIOD UNDER TREATMENT.			
Under one month	1	3	4
One to three months	5	2	7
Three to six months	5	2	7
Six to nine months	1	5	6
Nine months to one year	1	....	1
One year to eighteen months	....	2	2
Two to three years	....	1	1
Five to ten years	1	....	1
Total	14	15	29

TABLE No. 12.

Showing the duration of insanity previous to admission, and the period under treatment of those discharged not recovered from New York city asylums during the year ending September 30, 1890, and since October 1, 1888.

DURATION PREVIOUS TO ADMISSION.	YEAR ENDING SEPTEMBER 30, 1890.		
	Men.	Women.	Total.
Under one month	87	38	125
One to three months	41	15	56
Three to six months	28	9	37
Six to nine months	10	7	17
Nine months to one year	9	3	12
One year to eighteen months	29	4	33
Eighteen months to two years	4	4	8
Two to three years	13	2	15
Three to four years	2	2	4
Four to five years	6	2	8
Five to ten years	11	1	12
Ten to twenty years	3	5	8
Twenty to thirty years	....	1	1
Over thirty years	....	3	3
Unascertained	85	72	157
Total	328	168	496
PERIOD UNDER TREATMENT.			
Under one month	66	53	119
One to three months	83	27	110
Three to six months	37	35	72
Six to nine months	34	15	49
Nine months to one year	32	10	42
One year to eighteen months	21	9	30
Eighteen months to two years	12	7	19
Two to three years	20	9	29
Three to four years	8	5	13
Four to five years	7	2	9
Five to ten years	4	7	11
Ten to twenty years	6	2	8
Twenty to thirty years	....	1	1
Total	330	182	512

TABLE No. 12 — (*Continued*).

Showing the duration of insanity previous to admission, and the period under treatment of those discharged not recovered from New York city asylums during the year ending September 30, 1890, and since October 1, 1888.

	Since October 1, 1888.		
DURATION PREVIOUS TO ADMISSION.	Men.	Women.	Total.
Under one month	97	69	166
One to three months	46	22	68
Three to six months	30	16	46
Six to nine months	12	12	24
Nine months to one year	14	8	22
One year to eighteen months	29	8	37
Eighteen months to two years	5	6	11
Two to three years	14	9	23
Three to four years	2	4	6
Four to five years	7	4	11
Five to ten years	13	3	16
Ten to twenty years	5	5	10
Twenty to thirty years	....	1	1
Over thirty years	....	3	3
Unascertained	686	257	943
Total	959	437	1,396
PERIOD UNDER TREATMENT.			
Under one month	156	115	271
One to three months	132	71	203
Three to six months	80	81	161
Six to nine months	74	38	112
Nine months to one year	57	24	81
One year to eighteen months	51	24	75
Eighteen months to two years	38	19	57
Two to three years	50	21	71
Three to four years	53	17	70
Four to five years	77	8	85
Five to ten years	94	15	109
Ten to twenty years	97	2	99
Not insane*	....	2	2
Total	959	437	1,396

* Includes cases of alcoholism, opium habit, etc.

Table No. 12 — (*Continued*).

Showing the duration of insanity previous to admission, and the period under treatment of those discharged not recovered from the Kings County Asylum during the year ending September 30, 1890, and since October 1, 1888.

DURATION PREVIOUS TO ADMISSION.	Year Ending September 30, 1890.		
	Men.	Women.	Total.
Under one month	3	7	10
One to three months	7	5	12
Three to six months	2	3	5
Six to nine months	1	3	4
Nine months to one year	3	2	5
One year to eighteen months	5	1	6
Eighteen months to two years	1	....	1
Two to three years	2	2	4
Three to four years	4	3	7
Four to five years	3	....	3
Five to ten years	3	1	4
Ten to twenty years	1	2	3
Unascertained	52	48	100
Total	87	77	164
Period Under Treatment.			
Under one month	12	10	22
One to three months	25	23	48
Three to six months	13	9	22
Six to nine months	13	14	27
Nine months to one year	8	4	12
One year to eighteen months	4	5	9
Eighteen months to two years	4	2	6
Two to three years	....	2	2
Three to four years	3	1	4
Four to five years	3	2	5
Five to ten years	1	3	4
Ten to twenty years	1	2	3
Total	87	77	164

TABLE No. 12 — (*Continued*).

Showing the duration of insanity previous to admission, and the period under treatment of those discharged not recovered from the Kings County Asylum during the year ending September 30, 1890, and since October 1, 1888.

DURATION PREVIOUS TO ADMISSION.	SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.
Under one month	6	14	20
One to three months	20	12	32
Three to six months	8	9	17
Six to nine months	4	6	10
Nine months to one year	4	3	7
One year to eighteen months	6	1	7
Eighteen months to two years	4	7	11
Two to three years	3	6	9
Three to four years	9	7	16
Four to five years	7	1	8
Five to ten years	8	2	10
Ten to twenty years	1	3	4
Twenty to thirty years	1	2	3
Unascertained	103	83	186
Total	184	156	340
PERIOD UNDER TREATMENT.			
Under one month	39	19	58
One to three months	32	32	64
Three to six months	27	18	45
Six to nine months	24	25	49
Nine months to one year	22	22	44
One year to eighteen months	12	10	22
Eighteen months to two years	10	10	20
Two to three years	8	7	15
Three to four years	3	1	4
Four to five years	4	2	6
Five to ten years	2	7	9
Ten to twenty years	1	3	4
Total	184	156	340

Table No. 12—(*Continued*).

Showing the duration of insanity previous to admission, and the period under treatment of those discharged not recovered from the Monroe County Asylum during the year ending September 30, 1890, and since October 1, 1888.

DURATION PREVIOUS TO ADMISSION.	Year Ending September 30, 1890.		
	Men.	Women.	Total.
Under one month	1	....	1
One to three months	6	1	7
Three to six months	1	2	3
Six to nine months	....	3	3
One year to eighteen months	....	1	1
Two to three years	1	1	2
Three to four years	1	....	1
Four to five years	....	1	1
Ten to twenty years	1	3	4
Unascertained	1	2	3
Total	12	14	26
PERIOD UNDER TREATMENT.			
Under one month	4	2	6
One to three months	1	1	2
Three to six months	1	4	5
Six to nine months	2	1	3
One year to eighteen months	2	....	2
Eighteen months to two years	....	1	1
Two to three years	....	1	1
Three to four years	....	1	1
Four to five years	....	1	1
Five to ten years	1	1	2
Ten to twenty years	....	1	1
Twenty to thirty years	1	....	1
Total	12	14	26

TABLE No. 12 — (*Concluded*).

Showing the duration of insanity previous to admission, and the period under treatment of those discharged not recovered from the Monroe County Asylum during the year ending September 30, 1890, and since October 1, 1888.

DURATION PREVIOUS TO ADMISSION.	SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.
Under one month	2	4	6
One to three months	13	5	18
Three to six months	6	3	9
Six to nine months	2	4	6
Nine months to one year	1	2	3
One year to eighteen months	2	2	4
Eighteen months to two years	1	....	1
Two to three years	3	2	5
Three to four years	1	1	2
Four to five years	....	1	1
Five to ten years	2	1	3
Ten to twenty years	2	6	8
Unascertained	4	4	8
Total	39	35	74
PERIOD UNDER TREATMENT.			
Under one month	13	8	21
One to three months	7	5	12
Three to six months	5	7	12
Six to nine months	3	2	5
Nine months to one year	3	2	5
One year to eighteen months	3	1	4
Eighteen months to two years	1	2	3
Two to three years	....	1	1
Three to four years	....	3	3
Four to five years	1	1	2
Five to ten years	1	1	2
Ten to twenty years	1	1	2
Twenty to thirty years	1	1	2
Total	39	35	74

TABLE No. 13.

Showing the duration of insanity previous to admission, and the period under treatment of those who died at New York city asylums during the year ending September 30, 1890, and since October 1, 1888.

DURATION PREVIOUS TO ADMISSION.	Year Ending September 30, 1890.		
	Men.	Women.	Total.
Under one month	44	19	63
One to three months	25	15	40
Three to six months	20	7	27
Six to nine months	17	7	24
Nine months to one year	16	9	25
One year to eighteen months	13	5	18
Eighteen months to two years	12	6	18
Two to three years	7	6	13
Three to four years	4	3	7
Four to six years	....	8	8
Six to ten years	1	5	6
Ten to twenty years	1	3	4
Twenty years and over	3	3	6
Unascertained	78	60	138
Total	241	156	397
Period Under Treatment.			
Under one month	47	37	84
One to three months	43	9	52
Three to six months	27	14	41
Six to nine months	11	14	25
Nine months to one year	6	20	26
One year to eighteen months	1	14	15
Eighteen months to two years	2	7	9
Two to three years	7	16	23
Three to four years	18	15	33
Four to six years	24	17	41
Six to ten years	30	23	53
Ten to twenty years	30	38	68
Twenty years and over	....	8	8
Total	246	232	478

TABLE No. 13 — (*Continued*).

Showing the duration of insanity previous to admission, and the period under treatment of those who died at New York city asylums during the year ending September 30, 1890, and since October 1, 1888.

DURATION PREVIOUS TO ADMISSION.	SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.
Under one month	79	32	111
One to three months	46	27	73
Three to six months	36	18	54
Six to nine months	52	10	62
Nine months to one year	38	11	49
One year to eighteen months	28	9	37
Eighteen months to two years	23	10	33
Two to three years	14	12	26
Three to four years	6	6	12
Four to six years	4	11	15
Six to ten years	3	7	10
Ten to twenty years	6	3	9
Twenty years and over	3	7	10
Unascertained	140	173	313
Total	478	336	814
PERIOD UNDER TREATMENT.			
Under one month	82	59	141
One to three months	84	43	127
Three to six months	52	33	85
Six to nine months	29	21	50
Nine months to one year	25	29	54
One year to eighteen months	21	29	50
Eighteen months to two years	12	18	30
Two to three years	22	31	53
Three to four years	30	36	66
Four to six years	39	44	83
Six to ten years	46	40	86
Ten to twenty years	47	64	111
Twenty years and over	....	15	15
Total	489	462	951

Table No. 13 — (*Continued*).

Showing the duration of insanity previous to admission, and the period under treatment of those who died at the Kings County Asylum during the year ending September 30, 1890, and since October 1, 1888.

Duration previous to admission.	Year Ending September 30, 1890.		
	Men.	Women.	Total.
Under one month	2	1	3
One to three months	8	1	9
Six to nine months	3	....	3
Nine months to one year	3	1	4
One year to eighteen months	3	....	3
Eighteen months to two years	2	1	3
Two to three years	2	2	4
Three to four years	2	2	4
Four to six years	....	2	2
Six to ten years	4	3	7
Ten to twenty years	2	6	8
Twenty years and over	....	2	2
Unascertained	65	75	140
Total	96	96	192
Period Under Treatment.			
Under one month	14	10	24
One to three months	15	10	25
Three to six months	12	11	23
Six to nine months	3	2	5
Nine months to one year	1	3	4
One year to eighteen months	2	3	5
Eighteen months to two years	3	1	4
Two to three years	15	12	27
Three to four years	4	6	10
Four to six years	12	6	18
Six to ten years	3	6	9
Ten to twenty years	10	21	31
Twenty years and over	2	5	7
Total	96	96	192

Table No. 13—(*Continued*).

Showing the duration of insanity previous to admission, and the period under treatment of those who died at the Kings County Asylum during the year ending September 30, 1890, and since October 1, 1888.

Duration previous to admission.	Since October 1, 1888.		
	Men.	Women.	Total.
Under one month	6	4	10
One to three months	13	6	19
Three to six months	5	2	7
Six to nine months	4	2	6
Nine months to one year	5	1	6
One year to eighteen months	4	2	6
Eighteen months to two years	5	2	7
Two to three years	3	3	6
Three to four years	3	4	7
Four to six years	....	5	5
Six to ten years	7	8	15
Ten to twenty years	6	1	7
Twenty years and over	3	....	3
Unascertained	106	116	222
Total	170	156	326
Period Under Treatment.			
Under one month	24	19	43
One to three months	24	14	38
Three to six months	24	18	42
Six to nine months	13	5	18
Nine months to one year	5	4	9
One year to eighteen months	7	5	12
Eighteen months to two years	5	4	9
Two to three years	23	16	39
Three to four years	5	11	16
Four to six years	13	9	22
Six to ten years	9	15	24
Ten to twenty years	15	28	43
Twenty years and over	3	8	11
Total	170	156	326

Table No. 13 — (*Continued*).

Showing the duration of insanity previous to admission, and the period under treatment of those who died at the Kings County Asylum during the year ending September 30, 1890, and since October 1, 1888.

Duration previous to admission.	Year Ending September 30, 1890.		
	Men.	Women.	Total.
Under one month	2	1	3
One to three months	8	1	9
Six to nine months	3	....	3
Nine months to one year	3	1	4
One year to eighteen months	3	....	3
Eighteen months to two years	2	1	3
Two to three years	2	2	4
Three to four years	2	2	4
Four to six years	....	2	2
Six to ten years	4	3	7
Ten to twenty years	2	6	8
Twenty years and over	....	2	2
Unascertained	65	75	140
Total	96	96	192
Period Under Treatment.			
Under one month	14	10	24
One to three months	15	10	25
Three to six months	12	11	23
Six to nine months	3	2	5
Nine months to one year	1	3	4
One year to eighteen months	2	3	5
Eighteen months to two years	3	1	4
Two to three years	15	12	27
Three to four years	4	6	10
Four to six years	12	6	18
Six to ten years	3	6	9
Ten to twenty years	10	21	31
Twenty years and over	2	5	7
Total	96	96	192

TABLE No. 13 — (*Concluded*).

Showing the duration of insanity previous to admission, and the period under treatment of those who died at the Monroe County Asylum during the year ending September 30, 1890, and since October 1, 1888.

DURATION PREVIOUS TO ADMISSION.	SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.
Under one month	1	1	2
One to three months	1	2	3
Three to six months	2	1	3
Six to nine months	2	2	4
Nine months to one year	....	2	2
One year to eighteen months	3	6	9
Eighteen months to two years	....	1	1
Two to three years	3	2	5
Three to four years	2	1	3
Four to six years	2	3	5
Six to ten years	2	3	5
Ten to twenty years	....	4	4
Unascertained	1	5	6
Total	19	33	52
PERIOD UNDER TREATMENT.			
Under one month	1	4	5
One to three months	3	9	12
Three to six months	1	2	3
Six to nine months	1	1	2
Nine months to one year	1	....	1
One year to eighteen months	1	2	3
Eighteen months to two years	1	1	2
Two to three years	1	2	3
Three to four years	3	2	5
Four to six years	3	....	3
Six to ten years	....	1	1
Ten to twenty years	2	7	9
Twenty years and over	1	2	3
Total	19	33	52

TABLE No. 14.

Showing ages of those admitted to New York city asylums during the year ending September 30, 1890, and since October 1, 1888.

AGE.	DURING THE YEAR ENDING SEPTEMBER 30, 1890.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Unascertained	9	9	18	23	.....	23
From ten to fifteen years	4	2	6	5	4	9
From fifteen to twenty years	37	48	85	72	79	151
From twenty to twenty-five years	102	90	192	188	181	369
From twenty-five to thirty years	109	134	243	233	258	491
From thirty to thirty-five years	118	115	233	209	230	439
From thirty-five to forty years	98	79	177	197	160	357
From forty to fifty years	136	123	259	269	239	508
From fifty to sixty years	65	63	128	147	138	285
From sixty to seventy years	39	34	73	76	75	151
From seventy to eighty years	11	21	32	16	46	62
From eighty to ninety years	4	3	7	8	7	15
Ninety years upwards	.....	.....	.....	1	9	10
Total	732	721	1,453	1,444	1,426	2,870

TABLE No. 14 — (*Continued*).

Showing ages of those admitted to the Kings County Asylum during the year ending September 30, 1890, and since October 1, 1888.

AGE.	DURING THE YEAR ENDING SEPTEMBER 30, 1890.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
From ten to fifteen years	6	1	7	11	1	12
From fifteen to twenty years	18	16	34	26	32	58
From twenty to twenty-five years	28	25	53	53	51	104
From twenty-five to thirty years	42	32	74	86	60	146
From thirty to thirty-five years	42	39	81	78	75	153
From thirty-five to forty years	49	29	78	86	57	143
From forty to fifty years	57	55	112	98	100	198
From fifty to sixty years	31	36	67	85	58	143
From sixty to seventy years	20	28	48	36	43	79
From seventy to eighty years	5	6	11	11	25	36
From eighty to ninety years	.....	4	4	1	10	11
Unascertained	.....	.....	.....	5	4	9
Total	298	271	569	576	516	1,092

TABLE No. 14 — (*Concluded*).

Showing ages of those admitted to the Monroe County Asylum during the year ending September 30, 1890, and since October 1, 1888.

AGE.	DURING THE YEAR ENDING SEPTEMBER 30, 1890.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
From fifteen to twenty years	3	.....	3	8	3	11
From twenty to twenty-five years	5	.....	5	13	4	17
From twenty-five to thirty years	4	5	9	13	13	26
From thirty to thirty-five years	6	6	12	16	13	29
From thirty-five to forty years	6	2	8	17	9	29
From forty to fifty years	5	6	11	17	19	36
From fifty to sixty years	7	11	18	16	14	30
From sixty to seventy years	4	10	14	8	17	25
From seventy to eighty years	2	.....	2	3	1	4
From eighty to ninety years	1	.....	1	1	1	2
Total	43	40	83	112	94	206

TABLE No. 15.

Showing ages of those discharged recovered from New York city asylums during the year ending September 30, 1890, and since October 1, 1888.

AGE.	DURING THE YEAR ENDING SEPTEMBER 30, 1890.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
From ten to twenty years	1	20	21	3	28	31
From twenty to thirty years	37	69	106	61	119	180
From thirty to forty years	24	51	75	42	94	136
From forty to fifty years	24	21	45	32	43	75
From fifty to sixty years	10	8	18	12	14	26
From sixty to seventy years	5	2	7	5	5	10
From seventy to eighty years	1	.....	1	1	.....	1
Total	102	171	273	156	303	459

TABLE No. 15 — (*Continued*).

Showing ages of those discharged recovered from the Kings County Asylum during the year ending September 30, 1890, and since October 1, 1888.

AGE.	DURING THE YEAR ENDING SEPTEMBER 30, 1890.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
From ten to twenty years	7	6	13	8	11	19
From twenty to thirty years	18	18	36	40	43	83
From thirty to forty years	26	14	40	35	25	60
From forty to fifty years	8	7	15	21	13	34
From fifty to sixty years	7	2	9	14	4	18
From sixty to seventy years	.....	2	2	.....	3	3
Total	66	49	115	118	99	217

TABLE No. 15—(*Concluded*).

Showing ages of those discharged recovered from the Monroe County Asylum during the year ending September 30, 1890, and since October 1, 1888.

AGE.	DURING THE YEAR ENDING SEPTEMBER 30, 1890.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
From ten to twenty years	.....	1	1	.....	2	2
From twenty to thirty years	1	.....	1	4	4	8
From thirty to forty years	2	3	5	4	5	9
From forty to fifty years	2	.....	2	3	.....	3
From fifty to sixty years	1	1	2	3	2	5
From sixty to seventy years	.....	2	2	.....	2	2
Total	6	7	13	14	15	29

TABLE No. 16.

Showing ages of those who died at the New York city asylums during the year ending September 30, 1890, and since October 1, 1888.

AGE.	DURING THE YEAR ENDING SEPTEMBER 30, 1890.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
From fifteen to twenty years	5	5	10	7	7	14
From twenty to twenty-five years	15	10	25	24	22	46
From twenty-five to thirty years	16	17	33	47	37	84
From thirty to thirty-five years	29	22	51	58	41	99
From thirty-five to forty years	35	27	62	71	51	122
From forty to fifty years	57	54	111	114	109	223
From fifty to sixty years	46	44	90	93	77	170
From sixty to seventy years	27	23	50	47	62	109
From seventy to eighty years	8	24	32	16	41	57
From eighty to ninety years	6	5	11	7	12	19
From ninety to one hundred years	.....	.....	.....	.....	1	1
Unascertained	2	1	3	5	2	7
Total	246	232	478	489	462	951

TABLE No. 16 — (*Continued*).

Showing ages of those who died at the Kings County Asylum during the year ending September 30, 1890, and since October 1, 1888.

AGE.	DURING THE YEAR ENDING SEPTEMBER 30, 1890.			SINCE OCTOBER 1, 1889.		
	Men.	Women.	Total.	Men.	Women.	Total.
From fifteen to twenty years	5	2	7	6	4	10
From twenty to twenty-five years	6	3	9	10	5	15
From twenty-five to thirty years	17	8	25	21	13	34
From thirty to thirty-five years	13	9	22	17	13	30
From thirty-five to forty years	8	8	16	18	17	35
From forty to fifty years	18	21	39	35	34	69
From fifty to sixty years	14	21	35	29	30	59
From sixty to seventy years	10	14	24	22	21	43
From seventy to eighty years	5	7	12	10	14	24
From eighty to ninety years	.....	3	3	2	5	7
Total	96	96	192	170	156	326

TABLE No. 16 — (*Concluded*).

Showing ages of those who died at the Monroe County Asylum during the year ending September 30, 1890, and since October 1, 1888.

AGE.	DURING THE YEAR ENDING SEPTEMBER 30, 1890.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
From twenty-five to thirty years	2	1	3	2	3	5
From thirty to thirty-five years	2	.....	2	2	1	3
From thirty-five to forty years	2	2	4	3	4	7
From forty to fifty years	2	5	7	4	6	10
From fifty to sixty years	1	2	3	3	4	7
From sixty to seventy years	1	4	5	3	9	12
From seventy to eighty years	1	2	3	1	3	4
From eighty to ninety years	1	1	2	1	3	4
Total	12	17	29	19	33	52

TABLE No. 17.

Showing alleged duration of insanity previous to admission in those admitted to New York city asylums during the year ending September 30, 1890.

DURATION OF INSANITY.	Men.	Women.	Total.
Under one month	147	172	319
One to three months	79	101	180
Three to six months	28	37	65
Six to nine months	9	24	33
Nine months to one year	31	13	44
One year to eighteen months	11	35	46
Eighteen months to two years	24	9	33
Two to three years	29	35	64
Three to four years	14	18	32
Four to five years	14	10	24
Five to ten years	14	13	27
Ten to fifteen years	12	8	20
Fifteen to twenty years	6	6	12
Twenty to thirty years	2	5	7
Thirty years and upwards	4	1	5
Not insane *	.....	4	4
Unascertained	308	230	538
Total	732	721	1,453

Table No. 17 — (*Continued*).

Showing alleged duration of insanity previous to admission in those admitted to the Kings County Asylum during the year ending September 30, 1890.

DURATION OF INSANITY.	Men.	Women.	Total.
Under one month	36	25	61
One to three months	30	21	51
Three to six months	15	5	20
Six to nine months	13	5	18
Nine months to one year	8	6	14
One year to eighteen months	10	4	14
Eighteen months to two years	4	1	5
Two to three years	11	6	17
Three to four years	4	5	9
Four to five years	1	1	2
Five to ten years	4	4	8
Ten to fifteen years	5	1	6
Fifteen to twenty years	5	3	8
Unascertained	152	184	336
Total	298	271	569

Table No. 17 — (*Concluded*).

Showing alleged duration of insanity previous to admission in those admitted to the Monroe County Asylum during the year ending September 30, 1890.

DURATION OF INSANITY.	Men.	Women.	Total.
Under one month	3	2	5
One to three months	6	2	8
Three to six months	3	6	9
Six to nine months	1	6	7
Nine months to one year	1	1	2
One year to eighteen months	5	7	12
Eighteen months to two years	1	2	3
Two to three years	3	2	5
Three to four years	4	2	6
Four to five years	3	1	4
Five to ten years	5	3	8
Ten to fifteen years	4	3	7
Fifteen to twenty years	.....	1	1
Twenty to thirty years	1	.....	1
Thirty years and upwards	.....	2	2
Unascertained	3	.....	3
Total	43	40	83

* Includes cases of alcoholism, morphia habit, etc.

TABLE No. 18.

Showing period of residence in asylum of those remaining under treatment in New York city asylums September 30, 1890.

PERIOD OF RESIDENCE.	Men.	Women.	Total.
Under one month	45	43	88
One to three months	84	94	178
Three to six months	125	139	264
Six to nine months	93	93	186
Nine months to one year	84	105	189
One year to eighteen months	139	112	251
Eighteen months to two years	111	149	260
Two to three years	187	249	436
Three to four years	192	190	382
Four to five years	173	187	360
Five to ten years	484	625	1,109
Ten to fifteen years	402	412	814
Fifteen to twenty years	144	202	346
Twenty to thirty years	1	141	142
Thirty years and upwards	1	41	42
Total	2,265	2,782	5,047

TABLE No. 18— (*Continued*).

Showing period of residence in asylum of those remaining under treatment in the Kings County Asylum September 30, 1890.

PERIOD OF RESIDENCE.	Men.	Women.	Total.
Under one month	24	25	49
One to three months	25	29	54
Three to six months	32	57	89
Six to nine months	48	64	112
Nine months to one year	35	38	73
One year to eighteen months	55	70	125
Eighteen months to two years	52	57	109
Two to three years	71	92	163
Three to four years	53	87	140
Four to five years	52	109	161
Five to ten years	190	238	428
Ten to fifteen years	47	97	144
Fifteen to twenty years	62	89	151
Twenty to thirty years	23	35	58
Thirty years and upwards	13	16	29
Total	782	1,103	1,885

Table No. 18 — (*Concluded*).

Showing period of residence in asylum of those remaining under treatment in the Monroe County Asylum September 30, 1890.

PERIOD OF RESIDENCE.	Men.	Women.	Total.
Under one month	2	3	5
One to three months	10	2	12
Three to six months	5	7	12
Six to nine months	5	4	9
Nine months to one year	8	5	13
One year to eighteen months	16	13	29
Eighteen months to two years	10	9	19
Two to three years	18	14	32
Three to four years	14	11	25
Four to five years	10	17	27
Five to ten years	26	17	43
Ten to fifteen years	16	31	47
Fifteen to twenty years	16	17	33
Twenty to thirty years	4	15	19
Thirty years and upwards	4	12	16
Total	164	177	341

TABLE No. 19.

Showing the occupation of those admitted to New York city asylums during the year ending September 30, 1890, and since October 1, 1888.

OCCUPATION.	DURING THE YEAR ENDING SEPTEMBER 30, 1890.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Artists	2	1	3	4	3	7
Agents	16	.....	16	18	1	19
Awning maker	1	.....	1	1	.....	1
Actresses	.....	.....	.....	.....	2	2
Attendant	.....	.....	.....	.....	1	1
Bakers	10	.....	10	26	.....	26
Bartenders	10	.....	10	20	.....	20
Blacksmiths	3	.....	3	9	.....	9
Boatmen	.....	.....	.....	2	.....	2
Bronzers	1	.....	1	2	.....	2
Bookbinders	2	.....	2	3	.....	3
Bookmaker	.....	.....	.....	1	.....	1
Bookkeepers	6	.....	6	12	.....	12
Bookseller	.....	.....	.....	1	.....	1
Broommaker	.....	.....	.....	1	.....	1
Butlers	1	.....	1	3	.....	3
Bootblack	.....	.....	.....	1	.....	1
Brewers	2	.....	2	3	.....	3
Brokers	1	.....	1	4	.....	4
Builder	.....	.....	.....	1	.....	1
Butchers	14	.....	14	20	.....	20
Brassworker	.....	.....	.....	1	.....	1

Barbers	8	......	8	6	......	6
Bedmaker	......	......	......	1	......	1
Buttonhole maker	......	......	......	1	......	1
Billiard marker	1	......	1	1	......	1
Banker	1	......	1	1	......	1
Button maker	1	......	1	1	......	1
Box packer	1	......	1	1	......	1
Ball player	1	......	1	1	......	1
Boiler makers	2	......	2	2	......	2
Bricklayers	5	......	5	5	......	5
Boxmakers	......	2	2	......	3	3
Bookfolders	......	......	......	......	4	4
Basket makers	2	......	2	2	......	2
Cabinet makers	2	......	2	4	......	4
Carpenters	23	......	23	37	......	37
Carriage trimmers	......	......	......	2	......	2
Cigar makers	21	......	21	41	......	41
Clerks	27	......	27	63	......	63
Coachmen	7	......	7	11	......	11
Confectioners	3	......	3	7	......	7
Cooks	5	19	24	10	31	41
Coopers	3	......	3	8	......	8
Contractors	1	......	1	3	......	3
Capmakers	4	......	4	5	......	5
Conductors	4	......	4	6	......	6
Chemists	......	......	......	2	......	2
Customs inspector	1	......	1	1	......	1
Coppersmith	1	......	1	1	......	1
Coffin maker	1	......	1	1	......	1
Car driver	1	......	1	1	......	1
Clothes sponger	1	......	1	1	......	1

TABLE No. 19—(*Continued*).

Showing the occupation of those admitted to New York city asylums during the year ending September 30, 1890, and since October 1, 1888.

OCCUPATION.	DURING THE YEAR ENDING SEPTEMBER 30, 1890.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Chair caner	1	.....	1	1	.....	1
Collectors	2	.....	2	2	.....	2
Cutters	2	.....	2	2	.....	2
Carrier	1	.....	1	1	.....	1
Cloakmakers	.....	.....	.....	.....	2	2
Card trimmer	.....	.....	.....	.....	1	1
Dressmakers	.....	22	22	.....	42	42
Drivers	14	.....	14	35	.....	35
Designer	.....	.....	.....	1	.....	1
Dentist	.....	.....	.....	1	.....	1
Dishwasher	.....	.....	.....	1	.....	1
Drummers	.....	.....	.....	3	.....	3
Dockbuilder	.....	.....	.....	1	.....	1
Decorators	.....	.....	.....	4	.....	4
Diamond cutter	1	.....	1	1	.....	1
Druggists	5	.....	5	5	.....	5
Domestics	.....	256	256	.....	527	527
Engineers	6	.....	6	13	.....	13
Expressmen	1	.....	1	2	.....	2
Engravers	2	.....	2	6	.....	6
Electricians	1	.....	1	2	.....	2
Evangelist	.....	.....	.....	1	.....	1
Editor	1	.....	1	1	.....	1

Employer of woodworkers	1	.....	1	1	.....	1
Engineer (civil)	1	.....	1	1	.....	1
Elocutionist	1	.....	1	1	.....	1
Fisherman	.....	.....	.....	1	.....	1
Farrier	.....	.....	.....	1	.....	1
Furrier	.....	.....	.....	1	.....	1
Farmers	12	.....	12	20	.....	20
Foundryman	.....	.....	.....	1	.....	1
Flagmen	2	.....	2	2	.....	2
Florists	1	.....	1	2	.....	2
Footman	.....	.....	.....	1	.....	1
Firemen	.....	.....	.....	14	.....	14
Feather curler	.....	1	1	.....	1	1
Fancy workers	.....	2	2	.....	2	2
Factory girls	.....	8	8	.....	14	14
Flower makers	.....	.....	.....	.....	3	3
Grocers	.....	.....	.....	4	.....	4
Glassworkers	.....	.....	.....	1	.....	1
Glazier	.....	.....	.....	1	.....	1
Gardeners	4	.....	4	6	.....	6
Gas-fitter	.....	.....	.....	1	.....	1
Gold-beater	.....	.....	.....	1	.....	1
Grooms	3	.....	3	5	.....	5
Gambler	1	.....	1	1	.....	1
Garter maker	1	.....	1	1	.....	1
Gatekeeper	1	.....	1	1	.....	1
Hotelkeepers	1	.....	1	2	.....	2
Hatters	2	.....	2	4	.....	4
Horse trainer	.....	.....	.....	1	.....	1
Horse dealer	1	.....	1	1	.....	1
Harness maker	1	.....	1	1	.....	1

TABLE No. 19—(*Continued*).

Showing the occupation of those admitted to New York city asylums during the year ending September 30, 1890, and since October 1, 1888.

OCCUPATION.	DURING THE YEAR ENDING SEPTEMBER 30, 1890.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Hall-boys	4	.....	4	4	.....	4
Housewife	.....	207	207	.....	367	367
Housekeepers	.....	60	60	.....	129	129
Investigator	1	.....	1	1	.....	1
Ironworker	.....	.....	.....	1	.....	1
Inventor	.....	.....	.....	1	.....	1
Jewelers	8	.....	8	11	.....	11
Junkman	.....	.....	.....	1	.....	1
Journalists	4	.....	4	4	.....	4
Janitress	.....	.....	.....	.....	1	1
Kalsominers	.....	.....	.....	1	.....	1
Knitter	1	.....	1	1	.....	1
Laborers	124	.....	124	245	.....	245
Lithographer	.....	.....	.....	1	.....	1
Laundry work	1	9	10	2	18	20
Longshoremen	2	.....	2	4	.....	4
Lather	.....	.....	.....	1	.....	1
Lawyers	1	.....	1	4	.....	4
Lumber inspector	1	.....	1	1	.....	1
Locksmiths	4	.....	4	4	.....	4
Lacemaker	.....	1	1	.....	1	1
Ladies' maids	.....	2	2	.....	2	2
Merchants	17	.....	17	25	.....	25

Machinists	5	......	5	14	......	14
Masons	6	......	6	10	......	10
Mechanic	......	......	......	1	......	1
Miners	2	......	2	3	......	3
Musicians	4	......	4	8	......	8
Modelmakers	......	......	......	1	......	1
Molders	5	......	5	10	......	10
Missionary	......	......	......	1	......	1
Metalworkers	......	......	......	3	......	3
Matmaker	1	......	1	1	......	1
Milkmen	2	......	2	2	......	2
Manicure	......	1	1	......	1	1
Milliners	......	1	1	......	2	2
Nurses	2	9	11	3	11	14
Office boys	......	......	......	1	......	1
Oystermen	6	......	6	11	......	11
Operators	3	......	3	4	......	4
Produce dealers	......	......	......	1	......	1
Pocketbook makers	......	......	......	1	......	1
Photographers	2	......	2	3	......	3
Peddlers	13	1	14	23	1	24
Policeman	......	......	......	1	......	1
Paper hanger	......	......	......	1	......	1
Presser	......	......	......	1	......	1
Picture dealer	......	......	......	1	......	1
Plasterers	3	......	3	4	......	4
Pianomakers	4	......	4	7	......	7
Plumbers	2	......	2	5	......	5
Physicians	......	......	......	4	......	4
Printers	8	......	8	19	......	19
Press-feeder	1	......	1	1	......	1

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TABLE No. 19 — (*Continued*).

Showing the occupation of those admitted to New York city asylums during the year ending September 30, 1890, and since October 1, 1888.

OCCUPATION.	DURING THE YEAR ENDING SEPTEMBER 30, 1890.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Paper-box maker	1	.....	1	1	.....	1
Painters	13	.....	13	21	.....	21
Polishers	2	.....	2	2	.....	2
Preachers	1	.....	1	1	.....	1
Prostitutes	.....	4	4	.....	5	5
Paper worker	1	.....	1	1	.....	1
Paper folders	.....	2	2	.....	2	2
Riding masters	1	.....	1	2	.....	2
Reporters	.....	.....	.....	2	.....	2
Restaurant keeper	.....	.....	.....	1	.....	1
Roofers	3	.....	3	3	.....	3
Sugar manufacturers	.....	.....	.....	2	.....	2
Stationers	.....	.....	.....	1	.....	1
Ship carpenters	3	.....	3	4	.....	4
Salesman	.....	.....	.....	1	.....	1
Soldier	.....	.....	.....	1	.....	1
Students	2	.....	2	3	.....	3
Saloon keepers	.....	.....	.....	2	.....	2
Sailors	10	.....	10	17	.....	17
Stonecutters	3	.....	3	10	.....	10
Shirtmakers	.....	.....	.....	2	.....	2
Speculators	.....	.....	.....	3	.....	3
Silversmiths	4	.....	4	5	.....	5
Shoemakers	18	.....	18	28	.....	28

Storekeepers	.....	.....	.....	3	.....	3
Suspender maker	1	.....	1	2	.....	2
Springmakers	.....	.....	.....	2	.....	2
Switchman	1	.....	1	1	.....	1
Servants	13	.....	13	25	.....	25
Song-and-dance men	2	.....	2	2	.....	2
Shop girls	.....	.....	.....	.....	2	2
Shirtmakers	.....	.....	.....	.....	2	2
Salesladies	.....	1	1	.....	4	4
Seamstresses	.....	24	24	.....	52	52
Tailoring	25	2	27	49	11	60
Tinsmiths	4	.....	4	8	.....	8
Teachers	1	6	7	4	9	13
Tiemakers	.....	2	2	.....	3	3
Telegraph operator	.....	.....	.....	.....	1	1
Tobacco strippers	.....	1	1	.....	2	2
Upholsterers	2	.....	2	3	.....	3
Umbrella maker	1	.....	1	1	.....	1
Weavers	2	.....	2	9	.....	9
Varnishers	1	.....	1	4	.....	4
Watchmen	3	.....	3	7	.....	7
Watchmaker	.....	.....	.....	1	.....	1
Waiters	13	2	15	35	5	40
Wheelwright	.....	.....	.....	1	.....	1
Woodworkers	8	.....	8	8	.....	8
Wirepuller	1	.....	1	1	.....	1
Washwomen	.....	4	4	.....	4	4
No occupation	40	17	57	51	42	93
Unknown	54	54	108	140	112	252
Totals	732	721	1,453	1,444	1,426	2,870

TABLE No. 19 — (*Continued*).

Showing the occupation of those admitted to the Kings County Asylum during the year ending September 30, 1890.

OCCUPATION.	Men.	Women.	Total.
Actor	1	....	1
Artists	2	....	2
Bakers	2	....	2
Bank clerk	1	....	1
Barbers	2	....	2
Bartenders	2	....	2
Blacksmiths	2	....	2
Boilermaker	1	....	1
Book agent	1	....	1
Bookkeepers	2	....	2
Bootblack	1	....	1
Brassworker	1	....	1
Bricklayer	1	....	1
Butchers	4	....	4
Buttonhole maker	....	1	1
Cabinet maker	1	....	1
Candy maker	....	1	1
Car conductors	2	....	2
Carpenters	10	....	10
Cigarmakers	6	....	6
Clerks	5	1	6
Coal trimmer	1	....	1
Commercial traveler	1	....	1
Cooks	....	3	3
Coopers	3	....	3
Coppersmith	1	....	1
Domestics	....	60	60
Dressmakers	....	4	4
Drivers	6	....	6
Engineers	3	....	3
Expressman	1	....	1
Factory hands	2	2	4
Farmers	3	....	3
Feather worker	....	1	1
Firemen	4	....	4
Fish dealer	1	....	1
Florists	2	....	2
Flower maker	....	1	1
Fresco painter	1	....	1
Galvanizer	1	....	1
Glassworker	1	....	1
Goldsmith	1	....	1
Grocery clerk	1	....	1
Guncutter	1	....	1
Hatters	3	....	3

TABLE No. 19 — (*Continued*).

Showing the occupation of those admitted to the Kings County Asylum during the year ending September 30, 1890.

OCCUPATION.	Men.	Women.	Total.
Hostlers	2	....	2
Housekeepers	....	5	5
Housewives	....	95	95
Houseworkers	....	55	55
Iceman	1	....	1
Insurance agent	1	....	1
Ironworkers	2	....	2
Joiner	1	....	1
Laborers	73	....	73
Lady	....	1	1
Laundresses	....	2	2
Longshoremen	3	....	3
Lumberman	1	....	1
Machinists	4	....	4
Mason	1	....	1
Mechanic	1	....	1
Merchants	3	....	3
Messenger	1	....	1
Modeler	1	....	1
Necktie cutter	1	....	1
Newsdealer	1	....	1
None	20	18	38
Nurses	1	1	2
Painters	3	....	3
Paper hanger	1	....	1
Paper-roll maker	1	....	1
Paper-box maker	....	1	1
Pattern maker	1	....	1
Paver	1	....	1
Pawnbroker	1	....	1
Peddlers	2	....	2
Pilot	1	....	1
Planer	1	....	1
Plasterer	1	....	1
Plumbers	3	....	3
Policemen	2	....	2
Polisher	....	1	1
Porters	2	....	2
Pressman	1	....	1
Printers	10	....	10
Proofreader	1	....	1
Publishers	2	....	2
Restaurant keeper	1	....	1
Sailors	4	....	4
Salesmen	3	....	3

TABLE No. 19 — (*Continued*).

Showing the occupation of those admitted to the Kings County Asylum during the year ending September 30, 1890.

OCCUPATION.	Men.	Women.	Total.
Saloon keepers	2	....	2
Seamstresses	....	5	5
Shoemakers	5	....	5
Showman	1	....	1
Silversmith	1	....	1
Snuffmaker	1	....	1
Soda-water bottler	1	....	1
Steward	1	....	1
Stonecutter	1	....	1
Stonemasons	2	....	2
Student	....	1	1
Tailors	9	....	9
Teachers	1	2	3
Telegraph operators	1	1	2
Theater manager	1	....	1
Ticket collector	1	....	1
Tinsmiths	3	....	3
Tramp	1	....	1
Truckmen	2	....	2
Twinemaker	....	1	1
Typecaster	1	....	1
Unknown	12	7	19
Upholsterer	1	....	1
Usher	1	....	1
Watchman	1	....	1
Waiters	2	....	2
Weavers	2	....	2
Woolworker	....	1	1
Total	298	271	569

TABLE No. 19 — (*Continued*).

Showing the occupation of those admitted to the Monroe County Asylum during the year ending September 30, 1890, and since October 1, 1888.

OCCUPATION.	DURING THE YEAR ENDING SEPTEMBER 30, 1890.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Bakers	1	.....	1	2	.....	2
Bartender	1	.....	1	1	.....	1
Boat builder	1	.....	1	1	.....	1
Broom maker	.....	.....	.....	1	.....	1
Butcher	1	.....	1	1	.....	1
Cabinet makers	2	.....	2	2	.....	2
Check boy	.....	.....	.....	1	.....	1
Clerks	.....	.....	.....	1	1	2
Commercial traveler	.....	.....	.....	1	.....	1
Confectioner	.....	.....	.....	1	.....	1
Contractor	1	.....	1	1	.....	1
Cooper	1	.....	1	1	.....	1
Dentist	1	.....	1	1	.....	1
Domestics	.....	10	10	.....	19	19
Dressmakers	.....	2	2	.....	3	3
Engineers	1	.....	1	2	.....	2
Farmers	10	.....	10	20	.....	20
Gardener	.....	.....	.....	1	.....	1
Housekeepers	.....	23	23	.....	58	58
Hostler	.....	.....	.....	1	.....	1
Janitress	.....	1	1	.....	1	1
Laborers	8	.....	8	29	.....	29
Manufacturer	.....	.....	.....	1	.....	1

TABLE No. 19—(*Concluded*).

Showing the occupation of those admitted to the Monroe County Asylum during the year ending September 30, 1890, and since October 1, 1888.

OCCUPATION.	DURING THE YEAR ENDING SEPTEMBER 30, 1890.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Merchants	....	.....	.....	2	.....	2
Molders	1	.....	1	5	.....	5
Musicians	.....	.....	.....	1	1	2
Nurseryman	.....	.....	.....	1	.....	1
No occupation	2	2	4	7	7	14
Painter	1	.....	1	1	.....	1
Paper hanger	.....	.....	.....	1	.....	1
Peddlers	1	.....	1	2	.....	2
Porter	.....	.....	.....	1	.....	1
Potter	.....	.....	.....	1	.....	1
Salesman	1	.....	1	1	.....	1
Saloon keeper	.....	.....	.....	1	.....	1
Shoemakers	2	.....	2	7	.....	7
Students	2	.....	2	2	.....	2
Tailors	2	.....	2	4	2	6
Teamster	1	.....	1	1	.....	1
Tinsmith	.....	.....	.....	1	.....	1
Tobacco strippers	.....	2	2	.....	2	2
Trainman	.....	.....	.....	1	.....	1
Trunk maker	1	.....	1	1	.....	1
Woodworkers	1	.....	1	2	.....	2
Total	25	4	19	43	12	55

TABLE No. 20.

Showing the nativity of patients admitted to the New York city asylums during the year ending September 30, 1890, and since October, 1888.

NATIVITY.	During the Year Ending September 30, 1890.			Since October, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Austria	13	7	20	24	16	40
Algiers	1	.....	1	1	.....	1
Belgium	1	2	3	2	2	4
Bohemia	6	7	13	10	19	29
Bavaria	1	.....	1	1	.....	1
Canada	5	6	11	9	15	24
China	2	.....	2	3	.....	3
Cuba	2	1	3	4	2	6
Denmark	3	1	4	4	3	7
England	23	18	41	50	43	93
East Indies	1	.....	1	1	.....	1
France	18	4	22	29	13	42
Finland	.....	.....	.....	1	.....	1
Germany	145	121	266	288	240	528
Galicia	.....	.....	.....	.....	1	1
Holland	4	.....	4	5	.....	5
Hungary	8	13	21	19	27	46
Ireland	133	274	407	283	547	830
Italy	12	7	19	37	14	51
Japan	1	.....	1	1	.....	1
Malta	1	.....	1	2	.....	2
Mexico	1	.....	1	3	.....	3
Norway	4	.....	4	5	2	7

TABLE No. 20 — (*Continued*).

Showing the nativity of patients admitted to the New York city asylums during the year ending September 30, 1890, and since October 1, 1888.

NATIVITY.	DURING THE YEAR ENDING SEPTEMBER 30, 1890.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
New Foundland	3	1	4	3	1	4
Nova Scotia	1	.....	1	2	.....	2
Other British possessions	.....	.....	.....	1	.....	1
Prussia	.....	.....	.....	.....	2	2
Poland	12	7	19	16	16	32
Russia	25	25	50	39	38	77
Roumania	1	.....	1	1	3	4
Scotland	13	7	20	22	9	31
South America	.....	.....	.....	1	.....	1
Sweden	13	9	22	20	10	30
Saxony	.....	.....	.....	.....	1	1
Switzerland	5	5	10	11	12	23
United States	265	197	462	526	377	903
West Indies	.....	1	1	.....	2	2
Wales	.....	2	2	.....	3	3
Unascertained	9	6	15	20	8	28
Total	732	721	1,453	1,444	1,426	2,870

Of the total number of male patients admitted since the 1st of October, 1888, the parents of 79.70 per cent were both of foreign birth; of the female patients admitted during that period, 71.87 per cent were both of foreign birth.

In 2.63 per cent of the male patients, and 1.19 per cent of the female patients, the parentage on the paternal side was foreign while that on the maternal side was native.

In 0.62 per cent of the male patients, and 0.63 per cent of the female patients, the parentage on the maternal side was foreign while that on the paternal side was native.

Table No. 20 — (*Continued*).

Showing the nativity of patients admitted to the Kings County Asylum during the year ending September 30, 1890.

NATIVITY.	Men.	Women.	Total.
United States	125	87	212
Ireland	71	102	173
Germany	43	34	77
England	11	10	21
Sweden	4	7	11
Scotland	3	6	9
Canada	6	1	7
France	2	3	5
Italy	1	3	4
West Indies	2	2	4
Norway	2	2	4
Poland	1	2	3
Russia	3	.....	3
Belgium	1	1	2
Nova Scotia	2	.....	2
New Brunswick	2	.....	2
Madeira	.....	1	1
Switzerland	.....	2	2
Denmark	.....	1	1
Roumania	1	.....	1
Canary Island	1	.....	1
Iceland	.....	1	1
Spain	1	.....	1
Corsica	1	.....	1
Wales	1	.....	1
Unknown	14	6	20
Totals	298	271	569

TABLE No. 20 — (*Concluded*).

Showing the nativity of patients admitted to the Monroe County Asylum during the year ending September 30, 1890, and since October 1, 1888.

NATIVITY.	DURING THE YEAR ENDING SEPTEMBER 30, 1890.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
New York State	17	16	33	50	38	88
Connecticut	1	.....	1	1	.....	1
Vermont	1	.....	1	2	.....	2
Wisconsin	.....	.....	.....	1	.....	1
Michigan	.....	1	1	.....	1	1
Pennsylvania	.....	1	1	1	1	2
Virginia	.....	1	1	.....	1	1
Ireland	5	8	13	13	20	33
Germany	10	5	15	27	16	43
Canada	4	1	5	6	4	10
England	3	4	7	4	7	11
Poland	1	.....	1	2	1	3
Italy	1	.....	1	1	.....	1
Switzerland	.....	1	1	2	1	3
Sweden	.....	1	1	.....	1	1
Scotland	.....	1	1	.....	1	1
Nova Scotia	.....	.....	.....	.....	1	1
Holland	.....	.....	.....	2	1	3
Total	43	41	84	112	94	206

Of the total number admitted since the 1st of October, 1888, the parents of sixty-four per cent were both of foreign birth.
In four and eight-tenths per cent the parentage on the paternal side was foreign, while that on the maternal side was native.
In two and four-tenths per cent the parentage on the maternal side was foreign, while that on the paternal side was native.

III.

STATISTICS

OF

PRIVATE ASYLUMS AND RETREATS FOR THE YEAR ENDING SEPTEMBER 30, 1890.



GENERAL STATISTICS OF PRIVATE ASYLUMS FOR THE YEAR ENDING SEPTEMBER 30, 1890.

	Remaining October 1, 1889.			Admitted During Year.			Daily Average Under Treatment.			Capacity of Institution.			Discharged Recovered.			Discharged Not Recovered.			Discharged Not Insane.*			Died.			Remaining September 30, 1890.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
Bloomingdale Asylum	143	170	313	78	77	155	140	167	307	145	155	300	8	26	34	47	53	100	.....	....	....	24	9	33	142	159	301
Providence Retreat	24	95	119	23	46	69	23	95	118	60	115	175	9	18	27	13	20	33	....	....	....	4	7	11	21	90	111
Marshall Infirmary	49	60	109	36	21	57	46	45	91	51	76	127	10	6	16	20	16	36	3	....	3	7	6	13	45	53	98
Long Island Home	42	45	87	26	16	42	41	38	79	49	48	97	8	8	16	13	16	29	....	....	....	6	3	9	41	34	75
Brigham Hall	33	33	66	16	11	27	28	33	61	38	38	76	1	3	4	9	6	15	5	....	5	3	1	4	31	34	65
St. Vincent's Retreat	....	58	58	....	24	24	....	56	56	....	60	60	....	12	12	.....	7	7	.....	2	2	....	7	7	....	54	54
Brunswick Home	11	17	28	26	34	60	....	....	.....	....	....	.....	8	10	18	8	18	26	.....	....	....	6	6	12	15	17	32
Sanford Hall	11	15	26	6	5	11	12	14	26	....	....	36	3	2	5	2	1	3	.....	...	....	1	1	2	11	15	26
Keith Home	....	11	11	...	20	20	....	12	12	....	15	15	....	6	6	.....	8	8	.....	....	....	....	4	4	....	13	13
Louden Hall	1	8	9	27	19	46	20	22	42	....	....	.....	....	....	....	.....	....	....	.....	....	....	....	....	....	7	1	8
Dr. Combes' Sanitarium	6	....	6	11	6	17	7	2	9	10	6	16	3	....	3	.....	....	....	.....	....	....	2	....	2	6	3	9
Dr. Choate's House	2	5	7	....	4	4	2	6	8	....	....	10	....	2	2	.....	....	....	.....	....	....	....	....	....	2	7	9
Dr. Kittredge's Home	1	1	2	1	....	1	2	1	3	....	....	.....	....	....	....	.....	....	....	.....	....	....	....	....	....	2	1	3
Dr. Parsons' Home	...	2	2	2	2	4	....	.....	2+	....	....	10	....	2	2	.....	1	1	.....	....	....	....	....	....	2	1	3
Glenmary Home	1	1	2	4	2	6	....	.....	4	....	....	20	....	....	.....	1	....	1	.....	....	....	....	1	1	4	1	5
Dr. Stiles' Home	2	1	3	2	4	6	....	.....	3	....	....	6	1	2	3	.....	....	....	2	1	3	1	....	1	....	2	2
Dr. Lansing's House	....	1	1	....	....	....	....	.....	1	....	....	1	....	....	.....	.....	....	....	.....	....	....	....	....	....	....	1	1
Falkirk	....	....	....	1	2	3	....	.....	2	....	....	16	....	....	.....	1	....	1	.....	....	....	....	....	....	....	2	2
Vernon House	....	....	....	1	...	1	....	.....	1	....	....	13	....	....	.....	.....	....	....	.....	....	....	....	....	....	1	....	1
Breezehurst Terrace	....	....	....	....	....	....	....	.....	.....	....	....	.....	....	....	.....	.....	....	....	.....	....	....	....	....	....	....	....	....
Total	326	523	849	260	293	553	....	.....	825	....	....	972	51	97	148	114	146	260	10	3	13	54	45	99	330	488	818

* Cases of alcoholism, opium habit, etc.



IV.

STATISTICS

OF

ASYLUMS FOR IDIOTIC AND FEEBLE-MINDED.

STATE IDIOT ASYLUM.

TABLE No. 1.

General Statement, September 30, 1890.

Date of opening, October 1, 1851.	
Total acreage of grounds and buildings	274
Value of real estate, including buildings	$374,911 03
Value of personal property	50,012 14
Acres of farm land under cultivation, approximately	235
Capacity of institution	530
Daily average number under treatment	488
Balance remaining on hand September 30, 1889	$18,596 04
Receipts during year from State (for officers' salaries, extraordinary improvements, etc.)	92,506 38
Received from counties	7,755 00
Received from private patients	3,595 97
Received from all other sources	470 65
Total receipts during year	104,328 00
Total expenditures during year	111,227 39
*Balance remaining on hand October 1, 1890	11,667 90
Weekly per capita cost on current expenditure, inclusive of clothing	3 50
Annual per capita charge to counties for clothing:	
Boys	22 00
Girls	16 00
Maximum rate of wages paid attendants per month:	
Men	27 00
Women	16 00
Minimum rate of wages paid attendants per month:	
Men	17 00
Women	9 00
Proportion of day attendants to average daily population (includes attendant-teachers and teachers)	1 to 10
Proportion of night attendants to average daily population (includes all who attend or sleep in dormitories with children at night)	1 to 26
Percentage of daily population engaged in some kind of useful occupation or in school, September 30, 1890	80

*An unexpended appropriation of $28.75 was returned to the Comptroller.

Estimated value of farm and garden products during year	$12,400 00
Estimated value of articles made or manufactured by pupils and inmates during the year	2,922 61

TABLE No. 2.

Showing movement of population for the year ending September 30, 1890.

	Men.	Women.	Total.
Remaining October 1, 1889	236	241	477
Admitted during year	33	19	52
Total number under care and training during year	269	260	529
Average daily population	245	243	488
Capacity of institution	....	....	530
Discharged during the year: [redacted]	18	15	33
Died	8	5	13
Whole number discharged during the year	26	20	46
Remaining September 30, 1890	243	240	483

CUSTODIAL ASYLUM FOR FEEBLE-MINDED WOMEN.

TABLE No. 1.

General statement, September 30, 1890.

Date of opening, 1885.	
Total acreage of grounds and buildings	40
Value of real estate, including buildings	$98,000 00
Value of personal property	19,721 06
Acres of farm land under cultivation	20
Capacity of institution	360
Daily average number under treatment	248 17/30
Receipts during year from State (for officers' salaries, extraordinary improvements, etc.)	$73,978 64
Received from private patients	110 00
Received from all other sources	95 96
Total receipts during year	74,184 60
Total expenditures during year	73,300 45
Balance remaining on hand October 1, 1890	884 15

Weekly per capita cost on current expenditure, inclusive of clothing	$2 35
Maximum rate of wages paid attendants:	
Men	60 00
Women	16 66
Minimum rate of wages paid attendants:	
Men	30 00
Women	9 00
Proportion of day attendants to average daily population	24
Proportion of night attendants to average daily population	24
Number daily engaged in some kind of useful occupation	189

TABLE No. 2.

Showing movement of population for the year ending September 30, 1890.

	Women.
Remaining October 1, 1889	250
Admitted during year	56
Total number under treatment during year	306
Discharged during the year	9
Died	10
Whole number discharged during the year	19
Remaining September 30, 1890	287

NOTE.—Eight discharged taken home by parents or relatives to be cared for. One discharged and returned to county superintendent of the poor; cause, insanity. None inebriates, or opium habitues.

The following table is taken from the annual report of the superintendent of the Willard State Hospital:

Table showing duration of insane life of those who died.*

	Years.
For 1871 it was	14
For 1872 it was	10
For 1873 it was	9
For 1874 it was	11
For 1875 it was	10
For 1876 it was	10
For 1877 it was	11
For 1878 it was	11

* The above refers solely to the chronic insane.

	Years.
For 1879 it was	10
For 1880 it was	11
For 1881 it was	12
For 1882 it was	12
For 1883 it was	11
For 1884 it was	12
For 1885 it was	14
For 1886 it was	13
For 1887 it was	13
For 1888 it was	12
For 1889 it was	10
For 1890 it was	8

The foregoing, being the Second Annual Report of the State Commission in Lunacy, is herewith respectfully submitted.

CARLOS F. MacDONALD, *President,*
GOODWIN BROWN,
HENRY A. REEVES,
State Commission in Lunacy.

Attest:

T. E. McGarr,
Secretary.

PART XXVIII.

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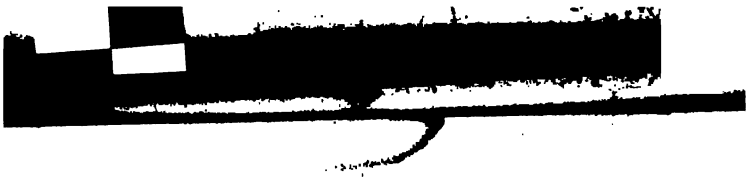
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